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COORDINATION AND EXPANSION OF FEDERAL HEALTH ACTIVITIES.¹

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In the discussion of the coordination and expansion of Federal health activities, I believe a brief historical outline of their development will furnish the best point of departure. Until 1879 the Marine Hospital Service exercised practically all of the Federal health functions. In that year an act was passed creating a National Board of Health to continue in force for four years. This board ceased to function in 1882 because Congress failed to appropriate money for its maintenance. The act creating the board was repealed in 1893. When the National Board of Health ceased to function in 1882, the Marine Hospital Service, under authority of the act of 1878, assumed Federal health functions. The epidemic fund was first authorized in 1882. Other laws were passed expanding the health functions of the Marine Hospital Service, the most important of which were the act of 1890 to prevent the introduction of contagious diseases from one State to another and the act of 1893 granting additional quarantine powers and imposing additional duties upon the Marine Hospital Service.

This was the stage of development when I was assigned to duty in the Bureau of the Marine Hospital Service during the period of 1900-1903. In 1901 I had the honor of assisting former Surgeon General Wyman in the preparation of a bill changing the name of the "Marine Hospital Service" to the "United States Health Service." After many months of anxious work we had the great pleasure of seeing this bill enacted into law; but owing to internal service considerations, the name was changed to "United States Public Health and Marine Hospital Service." Congress continued to expand the public health functions of the Service. In 1912, under Surgeon General Blue's direction, I had the honor of again being of some assistance in obtaining the passage of the act which changed the name of the Service to the "United States Public Health Service" and provided for it broad investigative authority.

¹ Read at the forty-seventh annual meeting of the American Public Health Association, held at New Orleans, La., Oct. 27-30, 1919.

From the above brief outline of the development of the Public Health Service it is clear that Congress intended to make of it the principal Federal health agency. Congress, however, has authorized other departments and bureaus to perform certain health functions. The principal ones among these are the Bureau of Chemistry, Department of Agriculture; the Children's Bureau and Bureau of Labor Statistics, Department of Labor; Bureau of the Census, Division of Vital Statistics, Department of Commerce; the Bureau of Mines, Department of the Interior; and the Interdepartmental Social Hygiene Board.

There has been considerable criticism of the scattering of health agencies among so many of the executive departments, even by Congress itself; in fact, Congress has directed that a report be made of the health activities performed by all departments.

Coordination of Federal Health Activities.

A review of the laws relating to Federal health activities will show that the Public Health Service has all of the authority to investigate the diseases of man and to control infectious and contagious diseases, which under the Constitution can be conferred by Congress upon any Federal agency whatsoever. The only limitations are constitutional, and those set by the appropriations and the available supply of men and women trained in preventive medicine.

Up to the present time Congress has appropriated to the Public Health Service for the fiscal year ending June 30, 1920, \$8,338,470, of which about \$3,000,000 is for public health work. In addition it has imposed upon the Service the duty of providing medical care for the discharged soldiers and sailors and authorized the acquisition of a number of additional hospitals. This will furnish wonderful opportunities for developing better methods of treatment and prevention of disease, especially tuberculous and neuro-psychiatric.

The review of the laws relating to Federal health activities will further show, as stated above, that several bureaus and divisions in several executive departments have been authorized by Congress to perform limited health functions in certain specific fields, for example, the Bureau of Chemistry, in so far as the Pure Food and Drugs Act relates to public health; the Children's Bureau, in so far as child welfare relates to health; the Bureau of Labor Statistics, in certain health functions in the matter of industrial diseases; the Bureau of Mines, in matters of health hazards in the mining industry; the Division of Vital Statistics, Bureau of the Census, in the matters relating to vital statistics; the Bureau of Entomology, in relation to the insect transmission of disease; the Bureau of Education, in the matter of school hygiene; and the Interdepartmental Social Hygiene Board in matters relating to the control of venereal diseases. Since

all of these functions are also authorized for the Public Health Service, there is an overlapping in the functions of those bureaus and divisions and the Public Health Service. There is also overlapping in the special fields of other bureaus. For example, the health of the child is often intimately related to industrial hygiene and to health hazards of the mining industry; and the Division of Vital Statistics overlaps all bureaus in so far as it is authorized to collect vital statistics which relate to the work of the other bureaus.

The confusion of effort and the duplication of work are not yet serious, for the bureaus are limited in their functions by their appropriations so that as yet they seldom cover the same field. Furthermore, they often cooperate with each other by agreement or detail of officers from one bureau to another. As an illustration, the Public Health Service has detailed officers to cooperate with the Bureau of Chemistry, Bureau of Labor Statistics, Children's Bureau, Working Conditions Service, War Risk Insurance Bureau, Employees Compensation Commission, Commission on Industrial Relations, Federal Board for Vocational Education, and others.

It can readily be seen that if the bureaus were provided with adequate appropriations their expansion would result in competition, jealousies, and duplication of work, with probable waste of Government funds.

The logical conclusion reached when one studies this question is to bring these several bureaus together and coordinate them under one administrative head. Obviously the several branches of public health work are so intimately related that the bureaus can not work to the best advantage in different departments. Infant hygiene fades imperceptibly into school hygiene, and school hygiene into hygiene of the child in industry. Public health is not a problem of separate age groups, racial groups, or occupation groups.

Without question one administrative head should have supervision over all of the civil Federal health activities. The necessity for this was realized during the war, and an executive order was issued July 1, 1918, placing civil health activities, except those exercised by the Bureau of Labor Statistics, under the supervision and control of the Secretary of the Treasury, through the Public Health Service.

Department of Health.

If all health activities are to be coordinated under one administrative head, the creation of a department of health with a Cabinet officer in charge, together with a transfer to it of all bureaus or parts of bureaus and divisions of the Government now engaged in such activities, is very generally considered the ideal method. Whether or not this is practicable at this time is a serious question. It is probable that both great parties will include such a policy in their

platform in the next presidential campaign; and if they do, the chances for a department of health will be brighter than at present.

In the creation of a department of health, all of the bureaus or parts of bureaus and divisions and boards could be easily adjusted without the loss of prestige by any of them. Some functions could be consolidated into single bureaus, others coordinated in existing or newly created bureaus. The plan should be constructive of the agencies we now have, certainly not destructive.

The Public Health Service, owing to its size and present organization, would constitute the main foundation upon which to construct such a department. Its mobile corps of medical and sanitary personnel is an excellent one to expand so as to include in the commissioned corps all of the scientists and specialists transferred from the other departments in grades according to the nature of the work and experience of each. Furthermore, some provision should be made to commission high-class specialists in the various branches of preventive medicine from civil life, in grades commensurate with their ability and experience.

The mobile corps as expanded should continue under the supervision of the surgeon general, and should perform all of the medical and sanitary duties for all of the bureaus and divisions of the department.

The mobile corps should be composed of grades corresponding to the rank of surgeon general, deputy surgeons general at large, assistant surgeons general at large, senior surgeons, surgeons, passed assistant surgeons, and assistant surgeons, the number in each grade depending upon the needs of the departments. The tenure of office of members of the mobile corps should be the same as that of the present commissioned medical officers of the Public Health Service, and they should be entitled to the same pay, commutation, and allowances as are given those officers. After the emergency needs of the present health requirements of the country are met the appointments in the mobile corps should be made only to the lowest grade, as is now done in the commissioned medical corps of the Public Health Service.

The provisions for one well-organized, disciplined mobile corps of highly trained health experts to perform all of the medical and sanitary duties for all of the bureaus and divisions will doubtless be an effective agency in coordinating the work of those bureaus. The free transfer of the personnel of the corps from duty in one bureau to that in another would make for unity of development and tend to keep the bureaus in greater harmony. The mobile corps would be a large one, but not so large nor so divided into special branches as to prevent the development of a corps spirit which would present a united front for the work of the whole department. Without such a

mobile corps each bureau would tend to develop separately, and instead of working in harmony there would spring up jealousies and competition with more or less duplication of work and waste of effort.

In the organization of the department there should be a secretary and assistant secretary, with the usual office personnel and accounting division. Under the general supervision of the secretary and assistant secretary there should be an executive office in charge of the surgeon general, and in this office there should be three divisions: (1) Personnel, (2) States' Relations, and (3) Scientific Research. Each division should be in charge of a deputy surgeon general. Under the general supervision of the executive officer there should be 12 bureaus, namely:

1. Mental Hygiene.
2. Child and School Hygiene.
3. Rural Hygiene.
4. Industrial Hygiene.
5. Foods and Drugs.
6. Public Health Information.
7. Sanitary Engineering.
8. Venereal Disease.
9. Tuberculosis.
10. Quarantine and Immigration.
11. Hospital and Relief.
12. Vital Statistics and Epidemiology.

The names of these bureaus indicate their functions. Each bureau should be in charge of an assistant surgeon general. The secretary and assistant secretary should be appointed by the President by and with the advice and consent of the Senate, in the same manner as other Cabinet officers and assistants are appointed. The surgeon general, deputy surgeons general, and assistant surgeons general should be appointed from the mobile corps for a limited term, under such tenure of office as will be to the best interest of the Government.

Upon the completion of duty in charge of the executive office or division or bureau, officers should be returned to the mobile corps in such grades as may be considered best. It is believed that this method of organization will tend to further unify the work of the department and promote efficiency in the scientific administrative heads.

I believe that this plan of organization of the departmental administration and the provision for a mobile corps will be better calculated to coordinate the Federal health activities than the plan of previous proposals to organize the department in independent bureaus and demobilize the present medical and sanitary corps of the Public Health Service. I can not believe that any plan should be proposed which does not utilize existing agencies to the best advantage.

Division of Health in an Existing Department.

If it is not practicable to obtain the ideal and create a department of health, I believe it would be practicable to transfer existing Federal health agencies to some existing executive department under an assistant secretary for health, and provide the same mobile corps and the same organization of executive office, divisions, and bureaus as have been described above for a department of health. The coordination which is so desirable in the future development of Federal health activities would be accomplished just as well in such a division of health as in a department. The prestige of such a division would probably not be so great as that of a department of health; but it would be a great step forward, and later, if the development warranted it, the division could readily be converted into a separate department.

Health Administration.

The transfer of all Federal health activities from the executive departments, and the creation of an independent organization to be known as "A Health Administration," without Cabinet representation, I do not believe is at all desirable. Without representation in the Cabinet, development will be slow and unsatisfactory. At least the experience of such independent agencies has not, up to the present time, been such as to offer much encouragement in this field. Such independent administration operated during the war with considerable success, backed by the patriotic cooperation of all the people; but could a health administration expect an order for a "health Sunday" to be as effective as the orders for gasless Sundays and meatless and wheatless days were during the war? The reversion of feeling is too great to base an argument for a health administration on the operation of the Food and Fuel Administrations during the war.

Expansion of Federal Health Activities.

In the discussion of the subject of the expansion of Federal health activities, I can do no better than quote from a speech made by the majority leader of the House of Representatives, Mr. Mondell, on the subject of Federal aid extension plan for the rehabilitation of industrial cripples. He said:

So far as these duties and responsibilities are to be met and performed through governmental agencies, the primary responsibility is, of course, on the local and State governments. They are to a considerable extent responsible for the conditions which surround the citizen in his employment. They are on the ground and familiar with the conditions and armed with authority to deal directly with the situation.

All this being true, it is natural that it be urged that as the responsibility is primarily that of the State and local community, as they are best qualified for the understanding and their citizens are those most directly interested, they should assume and perform a duty and responsibility so clearly theirs.

These arguments have much force with those who realize the importance of confining the activities of the Federal Government within proper bounds and the even greater importance of insisting that the States and their communities shall, for their own good and that of the people generally, continue to assume and exercise their local duties and responsibilities.

There is, however, a growing sentiment in favor of national leadership, stimulus, and direction in various lines in which the primary responsibility is local and in which the States and communities must wield the laboring oar, and that sentiment has been strongly expressed in behalf of legislation such as that now before us. Without minimizing State and local responsibilities for the rehabilitation and the restoration to lives of usefulness of those who suffer the accident of industry, humanitarians, welfare workers, labor leaders, captains of industry, and forward-looking folks of all classes have urged that the Federal Government assume a position of leadership and guidance in this work of practical humanitarian endeavor.

The bill provides not only for Federal encouragement and direction in cooperation with the States in the work of preparing those injured in industry for lives of further usefulness, but it also provides for Federal contributions toward this cooperative work. These contributions will, of course, encourage the States and the communities in the performance of their duty in this regard; but more important than any cash contribution is the fact that the National Government recognizes the importance of saving industrial cripples from lives of despair and dependence; of placing them in the way of self-help; of restoring them to a condition enabling them to do their useful part in the world's work. * * *

No man who ever occupied a seat in this House has spoken more frequently or more earnestly than I against undue and improper extension of Federal authority, jurisdiction, and control. But, gentlemen, I have learned something in the more than 20 years of my service here, and I trust I have grown with the growth of the sentiment of the country in favor of progressive legislation. I trust that I can see things in the light of to-day rather than from the viewpoint of the past.¹

Later on in the discussion Mr. Mondell invited attention to the agriculture appropriation, which contained among other items the following:

Inspection and cure of scabies in sheep.....	\$525, 000
Control of tuberculosis in domestic animals.....	1, 500, 000
Control of hog cholera.....	500, 000
Control of Texas cattle tick.....	750, 000
Total.....	3, 275, 000

In closing he said: "Verily, I do not understand the philosophy of the gentlemen who insist we may properly do for swine what we may not do for humanity."²

The Lever rural health bill presented to the Sixty-fifth Congress is an example of the policy advocated by the Public Health Service in efforts to carry out its program of desirable health activities. On December 3, 1918, the Public Health Service presented to Congress a program for the "Conservation of Public Health," which sets forth in outline what the Service believes to be necessary in order to meet the urgent national needs and which will yield the maximum results

¹ Congressional Record, Oct. 11, 1919, p. 7134. ² Congressional Record, Oct. 14, 1919, p. 7275.

in protecting national health and diminish the annual death toll taken by preventable disease. The program of the Public Health Service for the expansion of Federal health activities will be found in House Document No. 1539 of the Sixty-fifth Congress, third session (see appendix to this paper, p. 2772). This program is the goal for which the Public Health Service is aiming, and it is hoped that all persons interested in public health development will aid the Service in reaching its objective. We do not have to wait for the transfer of Federal health agencies into one department for this; all that the Service needs is men and money.

As stated before, for the investigation of the diseases of man and for the control of contagious and infectious diseases, the Public Health Service already has all of the authority which, under the Constitution, can be conferred by Congress. The greatest limitation is the amount of appropriation. Adequate expansion of the Service is limited only by the lack of money and men. Then, let us all unite to obtain health appropriations, and, when that is accomplished, I believe the coordination of existing agencies will be much more easily realized. If all health workers would get together and coordinate their efforts in backing up existing agencies, much more could be accomplished than by merely waiting for an ideal organization. Why wait? Use the means we have and results will come in large measure.

On the other hand, even should we obtain a department of health or an assistant secretary for health, with the transfers, we still would be confronted with the same necessity for appropriations, and the personnel problem would be just as difficult to solve as it is now. The greatest needs in Federal health activities are money and men.

In addition to the expansion of Federal health activities in the matter of extending Federal aid to State and local health agencies, the Federal Government has at least two other definite responsibilities:

1. International control of disease, and
2. Interstate control of disease.

For the international control it operates the maritime quarantine, and supplements this by the work of its consular service and the detail of Public Health Officers to the places which are likely to become a menace. For the interstate control of disease, the Federal Government, under several acts of Congress, undertakes certain measures, mainly through cooperation with State and local health authorities, and uses the Public Health Service for this purpose. In the past the Public Health Service has largely confined itself to measures of control after the disease needing control had gained a foothold in a State and had become a menace to other States. Under

more modern methods, however, it has realized that its activities should be aimed at these diseases long before they become a menace. As one example of the latter methods, the Service is enlarging the system of control of water supplies furnished to the traveling public by interstate common carriers. This control was first inaugurated January 25, 1913.

State and local health agencies have a vital interest in the interstate control of disease as well as the intrastate and intracommunity control.

With such closely related responsibilities why not form a joint partnership and work together for the one service—prevention of disease? For example, a case of typhoid fever in a remote rural district is a matter of joint interest to the county, State, and Federal health authorities. The typhoid germ does not recognize the county or State lines. It may find its way into intra- and interstate traffic and cause the loss of many human lives and the expenditure of large sums of State and Federal funds. The rational procedure would be to form the partnership and prevent or control all preventable diseases at their source. Such partnership would coordinate the work of Federal, State, and local health agencies, and I am sure all of us recognize the fact that there is just as urgent a necessity for this as there is for coordinating Federal health activities.

In the development of such a partnership we should not lose sight of the American principle of local self-government. The local health unit should therefore be organized on this principle by each locality; but the State and Federal Governments should bear a just proportion of the cost and exercise such supervision as will insure efficient service.

With proper coordination between Federal, State, and local health activities, with adequate expansion of the interstate operation of the Public Health Service, and with the Federal aid extension plan, a synchronous move can be made in all States for the control of disease.

Such unity of action will bring results, and public health workers will reach many of the objectives for which they have so long fought. Without unity of action and with internal dissensions we will make little progress, and the hope of reaching our objectives will fade.

APPENDIX.

Estimates and appropriations for public health work for the use of the Public Health Service for the fiscal year ending June 30, 1920. (Oct. 25, 1919.)

Name of fund.	Amount estimated for 1920.	Amount appropriated by Congress up to Oct. 20, 1919.
Pay of commissioned officers and pharmacists.....	¹ \$450,000	² \$425,000
Pay of acting assistant surgeons.....	¹ 175,000	² 150,000
Pay of other employees.....	¹ 370,000	² 350,000
Clerical help in bureau.....	¹ 46,500	² 46,485
Transportation.....	¹ 20,000	² 20,000
Maintenance of Hygienic Laboratory.....	50,000	27,000
Quarantine service.....	200,000	200,000
Epidemic fund.....	400,000	400,000
Field investigation and diseases of man.....	1,050,000	300,000
Prevention of interstate spread of disease.....	850,000	25,000
Rural hygiene.....	500,000	50,000
Control of biologic products.....	100,000	35,000
Control of venereal diseases.....	1,085,840	200,000
Studies in pellagra.....	30,000	30,000
Total.....	5,327,340	2,258,485

¹ This amount is one-half of the total fund estimated for this item for the whole Service.

² This amount is one-half of the total appropriation for this item for the whole Service.

LETTER FROM THE SECRETARY OF THE TREASURY TRANSMITTING INFORMATION AND RECOMMENDATIONS RELATIVE TO DEFICIENCY ESTIMATE OF APPROPRIATION FOR THE CONSERVATION OF PUBLIC HEALTH, TRANSMITTED OCTOBER 29, 1919.

[65th Cong., 3d sess., House Document No. 1539.]

TREASURY DEPARTMENT,

OFFICE OF THE SECRETARY,

Washington, December 3, 1918.

The SPEAKER OF THE HOUSE OF REPRESENTATIVES.

SIR: Referring to the deficiency estimate of appropriations required by the Public Health Service, transmitted October 29, 1918, in the sum of \$2,054,000, I have the honor to state that while the war has served to reveal the deplorable state of the public health and has emphasized the need of corrective measures, the signing of the armistice has not changed these conditions, the need for their correction being just as great, if not greater, than before.

All those interested in the public health are looking to this Government to stimulate and supplement measures for health protection, that recovery from the losses of war may be quickly effected and national health and efficiency increased.

I am inclosing a letter written to the President, which he has approved, which explains the present public-health situation at greater length and makes evident that the need for this appropriation exists in as great, if not greater, degree than ever.

I have, however, to request that the first item in the deficiency estimate transmitted October 29, 1918, be amended so as to provide

6 assistant surgeons general at large instead of 12, and 12 additional senior surgeons instead of 25, reducing the amount of the item from \$54,000 to \$26,500.

In order that the Congress may be advised of the nature of the responsibilities with which the Public Health Service is charged and the scope of the activities intended to be carried on, I attach herewith a memorandum which I heartily approve, prepared by the Surgeon General of the Public Health Service.

In view of the urgent need at this time of conservation of public health, I can not too strongly recommend that the items transmitted October 29, 1918, be included in the first urgent deficiency bill to be enacted at this session of Congress.

Respectfully,

W. G. McADOO,
Secretary.

TREASURY DEPARTMENT,
OFFICE OF THE SECRETARY,
Washington, November 21, 1918.

The PRESIDENT,
The White House.

MY DEAR MR. PRESIDENT: Permit me most earnestly to invite your attention to the urgent need of including in the general program of after-the-war reconstruction the continuation and extension of measures for the general protection and improvement of the public health. The experience in this country since the declaration of war, as well as that in foreign countries, shows clearly the necessity for greater attention to this subject.

In this country the excessive mortality of infancy and childhood, diseases dependent upon polluted sources of water and food, occupational hazards, bad housing and insanitary community conditions, venereal diseases, tuberculosis, malaria all take their needless annual toll of thousands of lives.

The percentage of physical rejections during the draft shows how deeply these conditions have left their impress upon the population, over 34 per cent of all draft registrants having been rejected by examining boards on account of physical defects and diseases. For economic reasons, too, the need of conserving life and health is all the more urgent, in order to permit recovery from war losses in the shortest possible time and to render safe the development of new agricultural and industrial resources.

This view of the important part to be played by health measures in the future development of civilization is concurred in by the governments of foreign countries, for at the present time we find the British Government pledged to a great increase in the means of improving

and protecting the public health. In a recent address Lloyd-George refers to this as follows:

Recruiting statistics have revealed the terrible conditions as regards the physical health of the Nation. This is not due to poverty but to neglect.

The health of the people must be the special concern of the State.

Some time ago I submitted to you a war health program of the Public Health Service, which is comprehensive in its scope. It seems to me that, with slight modification, this program may well furnish a basis for an after-the-war program, to be applied to the country generally. It seems essential at this time that the Federal Government assume some measure of leadership in aiding and stimulating States, counties, and municipalities in improving their sanitary conditions, especially as the Public Health Service in its work of supervising sanitary conditions in extra cantonment and industrial areas has greatly extended and crystallized its experience in the best measures for improving the sanitary conditions of communities.

A short time ago you approved a deficiency estimate of an appropriation required by the Public Health Service of \$2,000,000 to carry on health activities, the need of which was emphasized by war conditions. While the war has revealed the deplorable conditions of the public health and has accentuated the need of corrective measures, these conditions have not changed since the signing of the armistice, and the need for their correction is just as great, if not greater than ever.

I shall add that, by the passage of the act creating a Reserve of the Public Health Service, a flexible organization has been provided which may well be called into action during the emergency period of passing from a war to a peace footing. I have, therefore, to request that you reaffirm your approval of the deficiency estimate of appropriations required by the Public Health Service for \$2,000,000, to be expended in the carrying out of the modified program herewith attached.

Cordially, yours,

W. G. McADOO,
Secretary.

Approved.

WOODROW WILSON.

WHITE HOUSE, *December 3, 1918.*

PROGRAM OF THE PUBLIC HEALTH SERVICE—INTENDED ESPECIALLY TO
MEET AFTER-THE-WAR NEEDS.

This program meets urgent national needs by outlining health activities which are practicable and which will yield the maximum result in protecting national health and diminish the annual toll of

thousands of lives taken by preventable diseases and insanitary conditions. The success of this program will depend upon the active cooperation of Federal, State, and local health authorities. Experience has shown that this cooperation can best be secured on the Federal-aid extension principle.

1. Industrial hygiene:

(a) Continuing and extending health surveys in industry with a view to determining precisely the nature of the health hazards and the measures needed to correct them.

(b) Securing adequate reports of the prevalence of disease among employees and the sanitary conditions in industrial establishments and communities.

(c) National development of adequate systems of medical and surgical supervision of employees in places of employment.

(d) Establishment by the Public Health Service, in cooperation with the Department of Labor, of minimum standards of industrial hygiene and the prevention of occupational diseases.

(e) Improvement of the sanitation of industrial communities by officers of the Public Health Service, cooperation with State and local health authorities, and other agencies.

(f) Medical and sanitary supervision by the Public Health Service of civil industrial establishments owned or operated by the Federal Government.

2. Rural hygiene:

(a) Federal aid extension for establishment and maintenance of adequate county health organizations in counties in which the county and State governments, separately or together, will bear at least one-half (usually two-thirds) of the expense for reasonably intensive rural health work; county health officer to be given status in national health organization by appointment as field agent of the Public Health Service at nominal salary; sanitary inspectors and health nurses also to be given official status in the Public Health Service.

(b) Detail of specially trained officers of the Public Health Service to formulate and carry out, in cooperation with local authorities, intensive campaigns for the sanitation of groups of rural towns, the work to be directed especially toward securing safe water supplies, cleanly disposal of human excreta, pasteurization of milk supplies, and bedside control of cases of communicable disease.

(c) Studies by a special board of service officers to determine improved methods of rural sanitation, the studies to be confined to the most practical and essential phases of the subject.

(d) Widespread dissemination of the simple rules for rural sanitation through various governmental and civil agencies, such as the bureaus and divisions of the Department of Agriculture, the Farm Loan Board, agricultural colleges, public-school boards, farmers' associations, and women's clubs.

3. Prevention of the diseases of infancy and childhood:

(a) Through cooperation with the Children's Bureau, the American Red Cross, and other recognized agencies in promoting measures for child and maternal welfare.

(b) Through prenatal care by promoting:

(1) The adoption of measures for the adequate care and instruction of expectant mothers through visiting nurses, prenatal clinics, lying-in facilities, attention during confinement, and regulation of the practice of midwifery under medical supervision.

(2) Safeguarding of expectant mothers engaged in industries.

(c) Through infant-welfare work, by promoting:

(1) The accurate registration of all births and measures for adequate care of babies in homes, welfare stations, and day nurseries.

(2) Instruction of mothers by visiting nurses. The enforcement of prophylactic measures to prevent blindness in the new born.

(3) Safeguarding of milk supplies and establishment of pasteurization plants.

(d) Through supervision of children of preschool age, by promoting:

(1) The organization of divisions of child hygiene in State and local health departments.

(2) Instruction by visiting nurses in general, personal, and home hygiene, and inspection for physical defects and the control of communicable diseases.

(3) The establishment of clinics for sick children.

(e) Through supervision of children attending school, by promoting:

(1) The supervision of the home and school environment, including sanitation of school grounds and school buildings.

(2) The maintenance of health supervision of school children by school nurses and school physicians to detect and correct physical and mental defects and to control communicable diseases.

(3) Mental examinations of school children to determine and prescribe suitable treatment and training for children who fail in class work.

4. Water supplies—National development of safe water supplies:

(a) By extending surveys already made by the Public Health Service of water supplies, checked by laboratory analyses when necessary, to be done by national, State, local, or university personnel and laboratories.

(b) Introduction and extension of methods of water purification according to results of surveys and analyses.

(c) Stimulation of communities to obtain safe water through National, State, and local representatives and volunteer organizations.

5. Milk supplies—National development of safe milk supplies through—

(a) Universal pasteurization (including adequate municipal supervision).

(b) Adequate inspection of production and distribution of milk and milk products.

(c) Stimulation of communities to obtain safe milk through national, State, and local representatives and volunteer organizations.

6. Sewage disposal—Proper sewage disposal will control intestinal diseases, such as typhoid fever, dysentery, diarrhea, and hookworm. These diseases now cause over 60,000 deaths annually. National development of safe methods through—

(a) Extension of water carriage sewerage systems wherever practicable.

(b) Elimination within municipal limits of cesspools and privies.

(c) In rural communities the installation of sanitary privies.

(d) The establishment of minimum standards of permissible pollution of streams, lakes, and rivers used for water supplies.

(e) Stimulation of communities to obtain safe sewage disposal through national, State, and local representatives and volunteer organizations.

7. Malaria—National development of measures for the control of malaria and malaria-bearing mosquitoes in industrially, agriculturally, and economically important areas of the United States—

(a) By the further dissemination of the knowledge of methods for its control (elimination of malaria-mosquito breeding places through drainage, oiling, ditching, and the like) now being demonstrated by the Public Health Service.

(b) By the extension throughout the country of surveys of certain areas as to the prevalence of malaria and malaria-bearing mosquitoes.

(c) By increasing the corps of experts of the Public Health Service engaged in malaria prevention and by the utilization of other national agencies wherever practicable to advise the communities as to the methods for best handling their problems in malaria.

(d) Additional appropriations for the reclamation of large areas from malaria through proper drainage. Funds for such projects should be supplied on a 50-50 basis by Federal and State Governments. This plan is especially applicable to the control of malaria in communities where malaria conditions interfere with their economic development.

8. Venereal diseases:

(a) Medical measures—

(1) Establishment of clinics, dispensaries, and hospitals.

(2) Epidemiological studies.

(3) Free diagnosis.

- (4) Examination for release as noninfective.
- (5) Free distribution of arsphenamine.
- (6) Control of carriers through detention and commitment.
- (b) Educational measures—
 - (1) Proper reporting of cases.
 - (2) Standardization of pamphlets, exhibits, placards, and lectures.
 - (3) Cooperation with national, State, and local authorities, and volunteer associations.
 - (4) Cooperative work in industrial plants, shipyards, and railway employers' organizations.
 - (5) Cooperation with druggists' organizations to secure their voluntary aid in the control of patent nostrums for the treatment of venereal diseases.

9. Tuberculosis:

- (a) Stringent provisions for the proper reporting of cases of tuberculosis.
- (b) Adequate instruction of families and patients, especially in families where there is an advanced case.
- (c) Hospitalization of cases wherever practicable, either through city institutions or by arrangements with State or district tuberculosis hospitals.
- (d) Cooperation with national societies and agencies having for their object the prevention of tuberculosis or the improvement of economic conditions.
- (e) Improvement of industrial conditions predisposing to tuberculosis, such as "dusty occupations."

10. Railway sanitation:

- (a) Consolidation under supervision of the Public Health Service of railway sanitation.
- (b) Protection of railway employees by adequate health measures (e. g., protection against smallpox and typhoid fever by vaccination and inoculation; supervision of food, water, and milk supplies consumed by employees; elimination of health hazards in shops and other work places; supervision of sanitary housing facilities; sanitation of railway communities).
- (c) Protection of the public by—
 - (1) Sanitary supervision of water, milk, and food supplies furnished by railway administration.
 - (2) Sanitary supervision of employees engaged in handling water and food supplies so furnished.
 - (3) Sanitation of stations, terminals, rights of way, with special reference to sewage disposal, malaria-mosquito eradication, and screening against insects bearing disease.
 - (4) Prevention of the spread of communicable diseases through common carriers.
 - (5) Improvement and regulation of ventilation of passenger coaches and railway tunnels.

11. Municipal sanitation:

(a) Development and demonstration of the principle of employing full-time health officers by all municipalities.

(b) Enactment and enforcement of ordinances for adequate disease reporting.

(c) Provision for safe water, food, and milk supplies and sewage disposal.

(d) Enactment and enforcement of special regulations for the improvement of conditions causing tuberculosis.

(e) Establishment of community health centers.

(f) Municipal campaign for the control of venereal diseases through venereal-disease reporting; clinics for the treatment and control of carriers, and free treatment for all cases.

(g) Control of malaria and malaria-bearing mosquitos in malarious regions.

(h) Enactment of proper building ordinances and provision for sanitary supervision of housing, especially in industrial centers, including improvements in transportation, so as to permit redistribution of persons living in overcrowded communities.

(i) Adequate systems of medical supervision of schools.

(j) Reduction of infant mortality by proper organization for prenatal care, bed space in maternity hospitals, and infant-welfare stations, visiting nurses, and milk and ice stations.

(k) Stimulation of municipalities to realize their own responsibilities for health, and the part played by adequate health protection in the happiness and material prosperity of the community.

12. Health standards:

(a) Communicable diseases. Promulgation by the Public Health Service of minimum standards for the control of communicable diseases.

NOTE.—The service has published on this subject a report of committee of the American Public Health Association, upon which the service was represented. This report should be reviewed and amended by a board of service officers. It should then be formally approved by the conference of State and Territorial health officers with the Public Health Service, and be promulgated by the Public Health Service as Federal standards.

(b) Industrial hygiene. Standards of industrial hygiene and sanitation of places of employment should be prepared by the service in cooperation with the Department of Labor.

(c) Sewage and excreta disposal. Minimum standards should be promulgated on the following:

(1) Water-carriage sewerage systems.

(2) Sanitary privies.

(d) Standard specifications for safe water and water purification.

(e) Community sanitation. Preparation of standard methods for scoring the sanitary condition of communities.

(f) Preparation of additional standards for the manufacture and the purity and potency of biological products and for arsphenamine.

(g) Preparation of standards for illuminating, heating, and ventilating public buildings and schools.

13. Health education—To increase the knowledge of the general public on means relating to disease prevention and personal hygiene:

(a) By the employment of medical sanitarians, having special experience in educational methods and their use, in cooperation with Red Cross National and State organizations, State and municipal health departments, State industrial commissions, and State and National health associations.

NOTE.—The prevention of the following conditions and diseases will be the special objects of health education: Excessive infant mortality, occupational diseases (see section on industrial hygiene), malaria, typhoid fever, hookworm, venereal diseases, pellagra, tuberculosis, pneumonia, cerebrospinal meningitis, and personal hygiene.

(b) By advocating and assisting in the securing of full-time State, district, and local health officers.

(c) By stimulation of States and municipalities to the acceptance of their full responsibility for public-health conditions and the support of health activities by adequate appropriations.

(d) By the detail of service officers to State health organizations and, when necessary, to city organizations, particularly in communities presenting special health problems.

14. Collection of morbidity reports—Extension of disease reporting to be accomplished through the collection of adequate reports of disease prevalence:

(a) By the extension of the present system of collaborating epidemiologists.

(b) For the industrial group of the population, through the appointment of industrial surgeons and record clerks in various industrial establishments, such industrial surgeons to be appointed by the Public Health Service, at a nominal salary, so as to place them under the direction and control of the service, and the remainder of the salary to be paid by the industrial establishments to which they are attached. In addition to reporting disease, these surgeons will act as medical and surgical officers and sanitarians. They will also report on community sanitation.

15. Organization and training for duty in emergency of the reserve of the Public Health Service:

(a) By the establishment of training schools in public-health work in connection with stations of the Public Health Service and leading universities at which members of the reserve may receive intensive training for short periods at stated intervals.

(b) Ordering members of the reserve to active duty to participate in important field work of the Public Health Service.

In order to carry this program into effect the following additional personnel of the Public Health Service is needed:

Industrial-hygiene.....	120
Rural hygiene.....	200
Prevention of diseases of infancy and childhood.....	100
Interstate water supplies.....	20
Milk supplies.....	15
Malaria:	
Sanitary engineers.....	20
Epidemiologists.....	10
Venereal diseases:	
Control in States.....	88
Control in clinics.....	240
Tuberculosis investigations.....	20
Health education.....	10
Total.....	843

TREATMENT OF MALARIA AMONG BRITISH TROOPS IN FRANCE.

The following account of the care and treatment of cases of malaria among the British troops in France during 1918 is taken from a report by Col. Ronald Ross, consultant in malaria, British War Office and Ministry of Pensions.¹

"During 1918, 20 battalions of British troops, all more or less heavily infected with malaria, were transferred from Eastern fronts to France. On arrival in France from July onwards all these battalions were found to be too ill for the firing line and were therefore put into camps (generally canvas) within the same area, and were then subjected to a strict course of quinine combined with exercise, all under rigid discipline. The course lasted about ten weeks; and the result of it was so beneficial that when it was concluded all the units were able to enter the firing line, where they did distinguished work. The following are the details of the course:

"1. All the officers and men of every battalion, whether they were known to be infected with malaria or not, were subjected to the whole course.

"2. The quinine was given daily on parade, if possible at 11 a. m., or at 2 p. m., under the supervision both of the regimental and of the medical officers; and great care was taken that no one should escape his dose.

"3. Either the sulphate or the hydrochloride of quinine was allowed; but these salts were always given in solution by the mouth.

¹ Lancet, May 10, 1919, pp. 780-781.

"4. The whole course (lasting 10 weeks) was divided into two stages. During the first stage, lasting 14 days, 15 grains of either salt were given in solution every day. During the second stage (lasting eight weeks) 10 grains of either salt were given in solution every day on six days in every week. Thus, every officer and man received 210 grains during the first stage and 480 grains during the second stage of the course.

"5. Physical exercises, in the form of various kinds of military training, parades, route marches, fatigue duties, football, and other games, and even sea-bathing, were ordered or permitted during the whole course; but during the first stage no man was allowed to be employed on military duties (including 'fatigues') for more than four hours daily, and these four hours were not taken consecutively. As the course advanced, especially after 28 days, the daily number of hours of work was increased, until, near the end of the course, full work was done, and the men even spent a night in the open without blankets as a final test of their fitness.

"6. All malarious battalions were allowed the 'forward area ration'—a very generous ration—during the whole course, and bottled stout and French beer were often provided or permitted. But much tea was discouraged.

"7. Many of the men who had done 28 days of the course without relapses were allowed short leave to their homes, but were always given a supply of quinine tablets for 14 days, with instructions to take 10 grains daily without fail during their absence.

"8. Every endeavor was made to amuse and to interest the men during the course; and they were always instructed as to the reason why it was enforced so strictly.

"9. If, in spite of the anti-relapse prophylaxis, some of the men did suffer relapses, they were admitted to field ambulances or detention hospitals, where they were at once examined by a medical officer and were treated accordingly. They were obliged to report the occurrence of the relapse immediately, at any hour of the day or night, and not merely to do so afterwards, as, for instance, next day. The relapse was treated as follows (unless there were medical reasons against the treatment): Ten grains of quinine in solution (hydrochloride or sulphate) were given every four hours until 40 grains had been administered in the 24 hours; and this was continued for five days. If the man at the end of the five days had then been free from fever for two days, he was discharged to his unit with orders to recommence the whole course from the beginning. Special comforts were, of course, provided for men with relapses.

"10. Alkaline laxatives were administered twice or thrice a week to men on the ordinary course, and every morning to men suffering from relapses (unless contra-indicated)."

The following table gives the results of the treatment on the 20 battalions referred to. The average duration of the treatment was 10 weeks.

Battalions numbered serially.	Strength.	Number of cases diagnosed as malaria.				Number of days under treatment.
		During week commencing first stage of treatment.	During week ending first stage of treatment.	During a week in second stage of treatment.	During week completing treatment.	
I.....	865	154	8	3	0	67
II.....	796	42	6	4	1	66
III.....	765	209	78	57	2	66
IV.....	706	21	20	6	0	73
V.....	701	175	82	62	0	88
VI.....	954	573	79	10	0	70
VII.....	626	80	11	1	0	87
VIII.....	621	10	10	4	0	67
IX.....	735	58	7	1	0	89
X.....	721	20	16	1	0	66
XI.....	80	60	1	1	0	46
XII.....	87	15	3	0	0	72
XIII.....	110	26	29	4	4	73
XIV.....	175	95	67	3	3	60
XV.....	146	102	19	5	5	90
XVI.....	52	22	2	2	2	87
XVII.....	140	13	69	0	0	65
XVIII.....	56	6	1	0	0	76
XIX.....	50	32	35	4	4	56
XX.....	82	8	0	11	11	74
Total.....		2,320	696	375	32	

To quote further:

"It should, of course, be understood that the battalions were not subject to infection or reinfection in France, and that the cases among them were therefore relapses. Few of the men were invalided out of the battalions after arrival in France."

The table shows that during the week of commencement of the first stage of treatment, in the first 10 battalions, there were 1,342 cases of malaria among 7,490 men and that there were three relapses during the last week. In the 20 battalions there were 2,320 cases during the week of commencement of the treatment and 32 relapses during the last week.

DIVISION OF VENEREAL DISEASES, OCTOBER, 1919.

The accompanying table covers the activities of 217 of the clinics operating under the joint control of the United States Public Health Service and State boards of health during the month of October, 1919. There were 9,686 new admissions and 27,334 remaining from last month, making a total of 37,020 under treatment.

There were 97,693 treatments administered to the patients under the care of these clinics. Of these treatments 18,072 were the administration of arsphenamine.

Census of patients under care of 217 of the clinics operated by the United States Public Health Service and State boards of health, for the month of October, 1919.

State and city.	Total patients.	Re- main- ing on Oct. 1.	New admis- sions.	Discharged.			Discontinued treatment.		Re- main- ing under treat- ment.
				As cured.	Prob- ably cured.	Non in- fectious but not cured.	With permis- sion.	With- out per- mis- sion.	
Total.....	37,020	27,334	9,686	817	1,241	416	1,168	2,632	30,746
Alabama.....	3,524	2,372	1,152	171	169	9	136	358	2,681
Anniston.....	125	72	53		9			2	114
Bessemer.....	42	26	16	11	10		2	4	15
Birmingham.....	1,389	734	655	8	110		116	154	1,001
Florence.....	91	37	54		26		8	18	39
Huntsville.....	129	85	44		4	9	2	14	100
Mobile.....	544	411	133	6				32	506
Montgomery.....	533	481	52	111			5	91	326
Pickens County.....	58	34	24				3	2	53
Riverwood.....	26	17	9	5				2	19
Sylacauga.....	36	22	14		5			7	24
Talladega.....	76	65	11		5			6	65
Tuscaloosa.....	475	388	87	30				26	419
Arkansas.....	541	376	165		32	21	17	16	455
Fort Smith.....	25	20	5			4			21
Little Rock.....	169	137	32			8	11	4	146
Hot Springs.....	347	219	128		32	9	6	12	288
California.....	1,763	1,402	361	5	47	2	91	178	1,440
Fresno.....	77	67	10		4		1	2	70
Los Angeles—									
Boyle Avenue.....	108	77	31		3		18	14	73
Temple Block.....	506	415	91		16		6	68	416
Pasadena.....	18	14	4				1		17
Sacramento.....	14	2	12			1			13
San Bernardino.....	31	20	11	2					29
San Diego.....	128	114	14	3	2	1			122
San Francisco—									
University of Cali- fornia.....	307	271	36		2		2	15	288
Stanford University.....	311	236	75		7		43	31	230
1083 Mission Street.....	183	129	54		11		17	44	111
Santa Barbara.....	41	36	5					2	39
Stockton.....	39	21	18		2		3	2	32
Colorado.....	96	56	40	7		2	4	14	69
Buena Vista.....	14		4						4
Pueblo.....	58	42	16				4	14	40
Salida.....	13		3	1					2
Trinidad.....	31	14	17	6		2			23
Connecticut.....	587	456	131	70	13	11	27	51	415
Bridgeport.....	130	97	42	5	2	6	22	39	65
New Haven.....	365	292	73	57	10	4	4	10	280
New London.....	54	48	6	1		1	1		51
Stamford.....	29	19	10	7	1			2	19
Delaware.....	41		41				2	3	36
Wilmington.....	41		41				2	3	36
Georgia.....	1,126	700	426	9	48	31	116	155	767
Brunswick.....	38	35	3		1		1	3	33
Columbus.....	99	62	37			13	6	17	63
Macon.....	636	400	236	5	38		30	96	467
Savannah.....	353	203	150	4	9	18	79	39	204
Illinois.....	1,663	1,226	437	53	38	29	18	44	1,481
Decatur.....	91	74	17	10	4	11	1	2	63
Chicago—									
Grand Crossing.....	112	81	31						112
Social Hygiene League.....	610	444	166		22		4		584
Sedgewick Club.....	244	190	54	21				3	220
South Side V. D.....	123	74	49						123
Racine Ave.....	274	217	57	16	2	9		2	245
East St. Louis.....	121	77	44		10		6	16	89
Rockford.....	28	19	9				1	3	24
Springfield.....	60	50	10	6		9	6	18	21

¹ First report.

Census of patients under care of 217 of the clinics operated by the United States Public Health Service and State boards of health, for the month of October, 1919—Continued.

State and city.	Total patients.	Re-main-ing on Oct. 1.	New admis-sions.	Discharged.			Discontinued treatment.		Re-main-ing under treat-ment.
				As cured.	Prob-ably cured.	Non in-fectious but not cured.	With permis-sion.	With-out permis-sion.	
Indiana	1,909	1,291	618	46	63	15	58	97	1,630
Anderson.....	104	74	30		14		11	4	75
Columbus.....	30	20	10				4		26
East Chicago.....	145	125	20		15		1	13	116
Evansville.....	171	99	72		5				166
Hammond.....	42	23	19	5	2		1		34
Indianapolis.....	65	26	39			11			54
Jeffersonville.....	165	65	65						65
Kokomo.....	157	89	68				6		151
Madison.....	19	11	8	3			2		14
Marion.....	45	27	18	2					43
Michigan City.....	107	84	23		4			9	94
Muncie.....	180	142	38		19		3	28	130
Newcastle.....	43	25	18	4			1		38
South Bend.....	185	113	72	7	4	4	9	37	124
Terre Haute.....	551	433	118	25			20	6	500
Iowa	453	292	161	36	22	11	21	30	333
Clinton.....	61	33	28		1	1	1	1	57
Davenport.....	60	28	32		6		9	5	40
Des Moines.....	248	194	54	34	12	2	10	24	166
Council Bluffs.....	14	12	2		1		1		12
Iowa City.....	63	25	38		2	8			53
Mason City.....	17		7	2					5
Kansas	343	262	61	15	31	9	1	7	280
Lansing.....	231	196	35		27	8			196
Topeka.....	42	19	23			1	1	1	39
Wichita.....	70	47	23	15	4			6	45
Louisiana	1,727	1,232	495	20	111		82	218	1,296
Alexandria.....	159	132	27		8			45	106
New Orleans.....									
Charity Hospital.....	774	536	238	20			21	94	639
Touro Infirmary.....	362	267	95		70		61	62	169
Shreveport.....	432	297	135		33			17	382
Maine	165	135	30				7		158
Augusta.....	22	19	3						22
Bangor.....	123	101	22				2		121
Bath.....	13	11	2				5		8
Calais.....	7	4	3						7
Massachusetts	3,110	2,323	787	13	41	17	113	215	2,711
Attleboro.....	10	7	3				5		5
Boston.....									
City Hospital (skin).....	95	43	52				4		91
City Hospital (G. U.).....	187	107	80		12		8	9	158
Dispensary.....	1,278	1,009	269	11	11	13	45	70	1,128
General Hospital.....									
(G. U.).....	189	126	63		11		29	77	72
General Hospital.....									
(skin).....	845	674	171						845
Homeopathic Hos-pital.....	76	55	21		2	4			70
Brockton.....	10	8	2		2			3	5
Fall River.....	77	64	13		1		3	3	70
Fitchburg.....	23	18	5				2	3	18
Lawrence.....	43	16	27				4	11	28
Lowell.....	31	15	16						31
Lynn.....	69	52	17				2	12	55
New Bedford.....	127	101	26	2	1		10	6	108
Pittsfield.....	3	2	1		1				2
Salem.....	10	4	6				1		9
Worcester.....	37	22	15					21	16

¹ First report.

Census of patients under care of 217 of the clinics operated by the United States Public Health Service and State boards of health, for the month of October, 1919—Continued.

State and city.	Total patients.	Re-main-ing on Oct. 1.	New admis-sions.	Discharged.			Discontinued treatment.		Re-main-ing under treatment.
				As cured.	Prob-ably cured.	Non in-fectious but not cured.	With permis-sion.	With-out permis-sion.	
Michigan	410	208	202	1	11	10		3	385
Battle Creek.....	40	26	14		8				32
Flint.....	237	117	120						237
Jackson.....	60	28	32	1		10			49
Kalamazoo.....	16	5	11		3				13
Saginaw.....	57	32	25					3	54
Minnesota	680	540	140	7	6		40	29	598
Duluth.....	161	115	46		1		5	9	146
Minneapolis— City Hospital.....	76	50	26				11	20	45
University of Minne-sota.....	149	114	35	7			14		128
St. Paul.....	294	261	33		5		10		279
Mississippi	297	215	82	11	39			2	245
Hattiesburg.....	65	60	5	11					54
Jackson.....	190	137	53		11				179
Laurel.....	42	18	24		28			2	12
Missouri	775	330	445		13	31	31	63	637
Joplin.....	148	125	23		1				147
Kansas City.....	172		172		7	31	31	23	80
St. Louis.....	455	205	250		5			40	410
Montana	15	10	6		2				14
Billings.....	16	10	6		2				14
Nebraska	297	208	89		12	9	7	32	237
Fremont.....	17		7						7
Grand Island.....	12		2						2
Hastings.....	16		6		1				5
Lincoln.....	45	20	25		4	9		6	28
Omaha— University.....	121	105	16					15	106
Medical College.....	116	83	33		7		7	11	91
New Hampshire	147	121	26		1	17	7		122
Manchester.....	125	108	17		1	17	1		106
Nashua.....	22	13	9				6		16
New York	2,731	2,199	532	29	116	27	83	180	2,291
Albany— Dispensary.....	25	14	11				1		24
St. Peters Clinic.....	8	4	4			1		1	6
Hospital Clinic.....	8	5	3						8
Amsterdam.....	16	10	6	1					15
Bath.....	4	2	2			1			3
Binghamton.....	92	63	29	3	2			1	86
Buffalo.....	494	401	93		3	2		2	487
Cornell.....	7	4	3	1					6
Dunkirk.....	12	9	3		3	2		2	5
Gloversville.....	25	19	6	1	1			1	22
Ithaca.....	75	66	9						75
Jamestown.....	26	21	5					2	24
Johnstown.....	4								4
Little Falls.....	5	3	2					1	4
Middletown.....	20	24	6					2	28
New York City— Skin and Cancer Hospital.....	881	726	155	15	89		50	40	687
Niagara Falls.....	38	28	10	6	5	5	4		18
Oswego.....	10	7	3	1					9
Poughkeepsie.....	43	39	4						43

¹ First report.

Census of patients under care of 217 of the clinics operated by the United States Public Health Service and State boards of health, for the month of October, 1919—Continued.

State and city.	Total patients.	Re-main-ing on Oct. 1.	New admis-sions.	Discharged.			Discontinued treatment.		Re-main-ing under treatment.
				As cured.	Prob-ably cured.	Non in-fectious but not cured.	With permis-sion.	With-out permis-sion.	
New York—Continued.									
Rochester—									
General Hospital.....	82	68	14	.....	1	.....	6	17	58
Hahneman Hospital.....	23	10	13	.....	.....	.....	1	.....	22
Dispensary.....	116	90	26	.....	2	.....	6	2	106
Rockville Center.....	21	21	.....	.....	.....	9	.....	.....	12
Rome.....	53	43	10	.....	4	.....	2	6	41
Schenectady.....	110	96	14	1	2	1	2	6	98
Syracuse.....	237	175	62	.....	.....	.....	.....	85	152
Troy—									
Hospital.....	59	52	7	.....	.....	6	.....	.....	53
Utica.....	94	73	21	.....	.....	.....	.....	12	82
Yonkers.....	133	122	11	.....	4	.....	16	.....	113
North Dakota.....	33	23	10	.....	.....	.....	2	1	30
Minot.....	33	23	10	.....	.....	.....	2	1	30
Ohio.....	2,968	3,168	802	59	106	23	57	155	3,568
Akron.....	646	509	137	19	51	2	2	5	567
Alliance.....	70	48	22	.....	9	.....	2	9	50
Ashtabula.....	6	3	3	.....	.....	.....	.....	.....	6
Chillicothe.....	19	15	4	2	.....	.....	.....	1	16
Cincinnati—									
United States Pub- lic Health Service Clinic.....	200	138	62	3	2	.....	.....	4	191
General Hospital.....	365	293	72	.....	.....	.....	.....	.....	365
Cleveland—									
Lakeside Hospital (G. U.).....	300	249	51	8	7	.....	4	7	274
Lakeside Hospital (night).....	240	207	33	1	.....	.....	4	28	207
Lakeside Hospital (day).....	676	606	70	.....	1	.....	11	55	609
Columbus.....	174	121	53	.....	2	.....	11	13	148
Dayton.....	95	72	23	.....	.....	.....	11	14	70
Hamilton.....	31	21	10	1	.....	.....	11	.....	28
Lima.....	139	109	30	8	.....	.....	.....	2	125
Lorain.....	52	38	14	1	.....	.....	6	.....	51
Portsmouth.....	189	150	39	3	7	.....	.....	.....	165
Springfield.....	69	55	14	2	5	.....	5	9	62
Toledo.....	518	405	113	4	16	8	.....	.....	490
Warren.....	56	22	34	2	.....	.....	.....	.....	54
Youngstown.....	123	105	18	5	6	13	1	8	90
Oklahoma.....	1,538	1,170	416	56	67	43	111	126	1,183
Ardmore.....	480	466	14	.....	7	.....	.....	.....	473
Bartlesville.....	126	.....	26	.....	.....	.....	.....	.....	26
Chickasha.....	34	15	19	.....	8	.....	.....	.....	26
El Reno.....	41	25	16	.....	.....	.....	8	.....	18
Enid.....	43	24	19	11	.....	.....	.....	.....	32
Holdenville.....	24	17	7	1	7	.....	.....	.....	16
Miami.....	45	39	6	.....	.....	4	.....	3	38
Muskogee.....	90	46	44	5	1	1	7	2	74
Oklahoma City.....	397	252	145	12	19	14	74	108	170
Picher.....	149	105	44	7	25	9	2	13	93
Tulsa.....	257	181	76	5	.....	15	20	.....	217
Oregon.....	267	153	54	.....	6	.....	.....	6	195
Portland.....	267	153	54	.....	6	.....	.....	6	195
Rhode Island.....	745	666	82	1	15	.....	15	50	667
Pawtucket.....	74	56	18	.....	1	.....	2	1	70
Providence—									
St. Joseph's Hospital	13	11	2	1	.....	.....	.....	.....	12
Rhode Island Hos- pital.....	130	115	15	.....	.....	.....	2	12	116
City Hospital.....	531	484	47	.....	14	.....	11	37	469

¹ First report.

Census of patients under care of 217 of the clinics operated by the United States Public Health Service and State boards of health, for the month of October, 1919—Continued.

State and city.	Total patients.	Re-main-ing on Oct. 1.	New admis-sions.	Discharged.			Discontinued treatment.		Re-mai-n-ing under treatment.
				As cured.	Prob-ably cured.	Non in-fectious but not cured.	With permis-sion.	With-out permis-sion.	
South Carolina	2,884	2,008	788	140	80	5	65	218	2,376
Charleston.....	276	177	99	20	36	.....	9	35	176
Columbia.....	720	564	156	.....	4	.....	18	28	670
Florence.....	440	325	115	87	.....	.....	19	8	326
Greenville.....	608	490	118	11	10	.....	19	89	479
Newberry.....	215	92	123	17	.....	5	.....	17	176
Orangeburg.....	385	284	71	5	.....	.....	.....	.....	350
Spartanburg.....	270	166	104	.....	30	.....	.....	41	199
South Dakota	23	17	6	.....	.....	.....	.....	1	22
Aberdeen.....	19	14	5	.....	.....	.....	.....	.....	19
Lead.....	4	3	1	.....	.....	.....	.....	1	3
Tennessee	434	335	99	12	16	5	5	31	365
Chattanooga.....	434	335	99	12	16	5	5	31	365
Texas	2,797	2,319	478	17	95	19	25	274	2,367
El Paso.....	562	507	55	5	17	7	11	8	514
Galveston.....	416	346	70	7	12	.....	.....	.....	397
Houston.....	1,449	1,172	277	3	37	11	9	258	1,131
San Antonio.....	370	294	76	2	29	1	5	8	325
Vermont	48	40	8	4	.....	.....	.....	6	38
Burlington.....	48	40	8	4	.....	.....	.....	6	38
Virginia	1,550	1,139	411	33	30	70	19	60	1,338
Alexandria.....	63	.....	63	4	.....	.....	.....	4	55
Danville.....	75	62	13	2	4	.....	.....	8	61
Lynchburg.....	104	66	38	5	1	.....	.....	2	96
Newport News.....	833	743	90	.....	4	34	6	18	771
Norfolk.....	129	59	70	11	4	6	.....	2	101
Petersburg.....	63	38	25	4	.....	.....	1	5	53
Portsmouth.....	12	.....	12	.....	.....	.....	.....	.....	12
Richmond.....	183	118	65	5	.....	30	.....	15	133
Roanoke.....	88	53	35	2	17	.....	7	6	56
West Virginia	341	254	87	2	11	.....	3	9	316
Charleston.....	32	23	9	2	.....	.....	.....	7	23
Elkins.....	24	21	3	.....	.....	.....	2	.....	22
Glendale.....	21	19	2	.....	4	.....	.....	.....	17
Huntington.....	6	.....	6	.....	.....	.....	.....	2	4
Parkersburg.....	19	18	1	.....	.....	.....	1	.....	18
Wheeling.....	239	173	66	.....	7	.....	.....	.....	232

¹ First report.

ORDER EXCLUDING CHILDREN FROM SCHOOL ON ACCOUNT OF TRACHOMA UPHELD.

An order of a county board of health denying admission to school of children who had, or were suspected of having, trachoma, unless they were under treatment for the disease, has been upheld by the North Dakota Supreme Court.¹

The plaintiff petitioned for a writ of mandamus to compel the admittance to school of two children. The defense was that reputable physicians, one of them an officer of the United States Public Health Service, had found one of the children to be affected with trachoma and suspected that the other child had the disease. Other physicians testified in behalf of the petitioner that the children did not have trachoma. It appeared that the disease was prevalent in the county, and that as a result of a survey made by the United States Public Health Service a Government hospital had been established in the county, where trachoma patients could receive free treatment.

The lower court upheld the exclusion order and this action was affirmed by the appellate court. The supreme court stated in the opinion that "even conceding that it may be doubted in the instant case whether the children in question are affected, the doubt is one that must be resolved in favor of the authorities charged with the serious responsibility of preventing the spread of the disease. This is a case where mandamus does not issue as a matter of right, but where it will only issue in the exercise of a judicial discretion, and this discretion should not be exercised in a way that might result in needlessly exposing healthful children to a disease as serious as trachoma."

INJUNCTION TO RESTRAIN DISPOSAL OF GARBAGE BY CITY REFUSED.

The court of appeals of Maryland has refused to restrain the city of Baltimore from disposing of garbage on a farm owned by the city and situated outside of Baltimore.²

A temporary reduction plant to dispose of the garbage was to be erected by the city, and later a permanent piggery was to be established and the garbage fed to some 15,000 pigs to be kept thereon. Adjoining property owners brought suit, contending that this would result in a nuisance and destroy the value of their property.

The court of appeals decided in favor of the city and refused to issue an injunction, holding that sufficient facts had not been stated to satisfy the court that the apprehension was well founded so as to justify the court's interference.

¹ *Martin v. Craig et al.*, 173 N. W., 787.

² *Mayor and City Council of Baltimore et al. v. Sackett et al.*, 107 Atl., 557.

DEATHS DURING WEEK ENDED NOV. 22, 1919.

From the "Weekly Health Index," Nov. 25, 1919, issued by the Bureau of the Census, Department of Commerce.

Deaths from all causes in certain large cities of the United States during the week ended Nov. 22, 1919, infant mortality (per cent), annual death rates, and comparison with corresponding week of preceding years.

City.	Population July 1, 1918, estimated.	Week ended Nov. 22, 1919.		Average annual death rate per 1,000. ¹	Per cent of deaths under 1 year.	
		Total deaths.	Death rate. ¹		Week ended Nov. 22, 1919.	Previous year or years. ²
Albany, N. Y.	112,565	30	13.9	C18.8	3.3	C15.0
Atlanta, Ga.	201,732	50	12.9	C15.2	6.0	C8.8
Baltimore, Md.	360,981	195	15.2	A16.4	11.3	A13.4
Birmingham, Ala.	197,670	49	12.9	A16.6	22.4	A11.2
Boston, Mass.	785,245	193	12.8	A14.3	13.0	A15.8
Buffalo, N. Y.	473,229	124	13.7	A12.7	15.3	A19.2
Cambridge, Mass.	111,432	21	9.8	A15.0	19.0	A12.7
Chicago, Ill.	2,596,681	546	11.0	A12.8	17.4	A17.5
Cincinnati, Ohio	418,022	169	13.6	C15.6	11.0	C8.1
Cleveland, Ohio.	819,306	149	9.6	C11.9	18.1	C18.5
Columbus, Ohio.	225,296	68	15.7	C11.6	10.3	C0.0
Dayton, Ohio.	130,655	28	11.2	A13.3	21.4	A17.5
Denver, Colo.		75		A13.6	12.0	
Fall River, Mass.	128,392	31	12.6	C16.4	41.9	C32.5
Grand Rapids, Mich.	135,450	29	11.2	C9.0	27.6	C13.0
Indianapolis, Ind.	290,389	64	11.5	C13.4	10.9	C11.0
Jersey City, N. J.	318,770	78	12.8	C11.0	24.4	C12.1
Kansas City, Mo.	313,785	78	13.0	C12.1	9.0	C8.5
Los Angeles, Calif.	568,495	132	12.1	A12.5	9.8	A7.8
Louisville, Ky.	242,707	66	14.2	C21.7	10.6	C7.0
Lowell, Mass.	109,081	22	10.5	A15.3	22.7	A21.5
Memphis, Tenn.	154,759	49	16.5	C22.0	4.1	C10.9
Milwaukee, Wis.	453,481	91	10.5	A10.7	11.0	A23.4
Minneapolis, Minn.	383,442	92	12.5	C13.8	14.1	C7.1
Nashville, Tenn.	119,215	30	13.1	C19.0	6.7	C9.3
Newark, N. J.	428,684	85	10.3	A13.0	12.9	
New Haven, Conn.	154,865	39	13.1	C10.6	5.1	C12.9
New Orleans, La.	382,273	137	18.7	A19.6	10.2	A12.8
New York, N. Y.	5,215,879	1,127	11.3	A14.1	12.4	A15.7
Oakland, Calif.	214,206	33	8.0	A11.8	6.1	A9.8
Omaha, Nebr.	180,264	44	12.7	C11.8	11.4	C7.9
Philadelphia, Pa.	1,761,371	411	12.2	A14.7	11.4	A14.6
Pittsburgh, Pa.	593,303	171	15.0	C16.8	13.5	C12.7
Portland, Oreg.		53		C7.8	1.9	C13.0
Providence, R. I.	263,613	60	11.9	C16.1	6.7	C17.5
Richmond, Va.	160,719	44	14.3	C18.1	6.8	C7.3
Rochester, N. Y.	264,836	55	10.8	C15.1	14.5	C14.7
St. Louis, Mo.	779,951	168	11.2	C12.8	13.1	C9.0
St. Paul, Minn.	257,699	64	13.0	C11.6	15.6	C12.5
San Francisco, Calif.	478,530	145	15.8	C13.8	7.6	C5.6
Seattle, Wash.		79		A7.3	13.9	A12.6
Spokane, Wash.		19		C6.6	0.0	C5.0
Syracuse, N. Y.	161,404	45	14.5	C13.5	15.6	C19.5
Toledo, Ohio.	262,234	52	10.3	A12.3	5.8	A13.5
Washington, D. C.	401,681	122	13.8	A16.1	16.4	A10.5
Worcester, Mass.	173,650	40	12.0	C15.0	17.5	C10.2

¹ Annual rates per 1,000 estimated population.

² "A" indicates data for the corresponding week of the years 1913 to 1917, inclusive. "C" indicates data for the corresponding week of the year 1917.

³ Population estimated as of July 1, 1919.

⁴ Data are based on statistics of 1915, 1916, and 1917.

Summary of information received by telegraph from industrial insurance companies for week ended Nov. 22, 1919.

Policies in force.....	41,921,703
Number of death claims.....	7,110
Death claims per 1,000 policies in force, annual rate.....	8.8

PREVALENCE OF DISEASE.

No health department, State or local, can effectively prevent or control disease without knowledge of when, where, and under what conditions cases are occurring.

UNITED STATES.

CURRENT STATE SUMMARIES.

Telegraphic Reports for Week Ended November 29, 1919.

These reports are preliminary, and the figures are subject to change when later returns are received by the State health officers.

ALABAMA.		CALIFORNIA—continued.	
	Cases.		Cases.
Diphtheria.....	64	Smallpox:	
Influenza.....	1	Brea.....	4
Malaria.....	8	Los Angeles.....	3
Scarlet fever.....	17	Los Angeles County.....	4
Smallpox.....	26	Napa.....	8
Tuberculosis (pulmonary).....	19	Napa County.....	2
Typhoid fever.....	10	Oakland.....	5
Veneral diseases.....	145	Shasta County.....	4
Whooping cough.....	2	Whittier.....	4
		Scattering.....	22
ARKANSAS.		Typhoid fever:	
Cerebrospinal meningitis.....	2	Los Angeles.....	5
Chancroid.....	2	Scattering.....	9
Chicken pox.....	19		
Diphtheria.....	36	CONNECTICUT.	
Gonorrhea.....	22	Cerebrospinal meningitis:	
Influenza.....	16	Hartford County—	
Malaria.....	137	Suffield.....	1
Measles.....	2	New London County—	
Mumps.....	1	New London.....	1
Ophthalmia neonatorum.....	1	Chicken pox.....	39
Pellagra.....	6	Diphtheria:	
Scarlet fever.....	24	Fairfield County—	
Smallpox.....	11	Bridgeport.....	8
Syphilis.....	21	Stratford.....	4
Tuberculosis.....	22	Hartford County—	
Typhoid fever.....	38	Bristol.....	4
Vincent's angina.....	4	Hartford.....	14
Whooping cough.....	11	New Britain.....	5
		Southington.....	4
CALIFORNIA.		New Haven County—	
Cerebrospinal meningitis:		New Haven.....	12
San Francisco.....	2	Wallingford.....	7
Influenza.....	21	Waterbury.....	14
Lethargic encephalitis:		Windham County—	
San Francisco.....	5	Willimantic.....	9
Vacaville.....	1	Scattering.....	21
		Gonorrhea.....	25

CONNECTICUT—continued.

Influenza:	Cases.
Fairfield County—	
New Canaan.....	7
Scattering.....	6
Measles:	
Fairfield County—	
Stamford.....	13
New Haven County—	
Milford.....	5
New Haven.....	41
Seymour.....	14
Waterbury.....	10
Scattering.....	19
Mumps.....	6
Ophthalmia neonatorum.....	1
Pneumonia.....	3
Scarlet fever:	
Hartford County—	
Hartford.....	17
New Britain.....	9
New Haven County—	
Madison.....	7
Meriden.....	4
New Haven.....	7
Wallingford.....	4
Waterbury.....	10
Scattering.....	27
Syphilis.....	49
Tuberculosis.....	32
Typhoid fever.....	2
Whooping cough.....	59

DELAWARE.

Diphtheria.....	6
Measles.....	6
Mumps.....	6
Pneumonia.....	3
Scarlet fever:	
Wilmington.....	4
Scattering.....	2
Smallpox.....	4
Tuberculosis.....	7
Typhoid fever.....	4
Whooping cough.....	7

FLORIDA.

Cerebrospinal meningitis.....	2
Diphtheria.....	31
Dysentery.....	5
Influenza.....	12
Malaria.....	95
Measles.....	4
Paratyphoid fever.....	1
Pneumonia.....	1
Scarlet fever.....	6
Typhoid fever.....	9

GEORGIA.

Actinomycosis.....	1
Cerebrospinal meningitis.....	1
Chicken pox.....	3
Conjunctivitis (acute infectious).....	1
Dengue.....	1
Diphtheria.....	17

GEORGIA—continued.

	Cases.
Dysentery (amebic).....	2
Dysentery (bacillary).....	2
Gonorrhea.....	29
Hookworm.....	60
Influenza.....	12
Malaria.....	109
Measles.....	7
Mumps.....	4
Pneumonia.....	24
Poliomyelitis.....	1
Scarlet fever.....	20
Septic sore throat.....	6
Smallpox.....	9
Syphilis.....	27
Tuberculosis (pulmonary).....	16
Tuberculosis (other forms).....	1
Typhoid fever.....	10
Whooping cough.....	5

ILLINOIS.

Cerebrospinal meningitis:	
Chicago.....	3
Chancroid.....	17
Diphtheria:	
Alton.....	4
Belleville.....	12
Bellewood.....	4
Cairo.....	4
Casey.....	4
Chicago.....	235
Granite City.....	8
Milford.....	8
Peoria.....	13
Springfield.....	5
Scattering.....	62
Gonorrhea.....	351
Influenza:	
Chicago.....	37
East St. Louis.....	5
Scattering.....	11
Lethargic encephalitis:	
Downers Grove.....	1
La Grange.....	1
Poliomyelitis:	
Buffalo Prairie.....	2
Gillespie.....	1
Rock Island County.....	2
Scarlet fever:	
Arlington Heights.....	5
Chicago.....	238
Des Plaines.....	4
Peoria.....	9
Springfield.....	5
Scattering.....	69
Smallpox:	
Ewing.....	6
Monmouth.....	10
Stratton.....	5
Scattering.....	36
Syphilis.....	203
Typhoid fever:	
Belleville.....	6
Chicago.....	7
Scattering.....	21

INDIANA.

Cerebrospinal meningitis:	Cases.
Jackson County.....	1
Diphtheria:	
Allen County.....	7
Delaware County.....	4
Lake County.....	30
Laporte County.....	4
Madison County.....	5
Marion County.....	9
Vanderburg County.....	22
Vigo County.....	4
Scattering.....	22
Gonorrhea.....	114
Influenza:	
Martin County.....	10
Steuben County.....	4
Scattering.....	6
Rabies in animals.....	1
Scarlet fever:	
Cass County.....	11
Decatur County.....	39
La Grange County.....	4
Lake County.....	12
Marion County.....	16
Monroe County.....	4
Ripley County.....	9
St. Joseph County.....	4
Tippecanoe County.....	8
Vanderburg County.....	5
Wayne County.....	6
Scattering.....	58
Smallpox:	
Fountain County.....	6
Greene County.....	12
Howard County.....	21
Huntington County.....	18
Laporte County.....	13
Madison County.....	8
Marion County.....	4
Monroe County.....	7
St. Joseph County.....	16
Tippecanoe County.....	8
Vanderburg County.....	39
Vermillion County.....	5
Warren County.....	4
White County.....	8
Scattering.....	19
Syphilis.....	74
Typhoid fever:	
Allen County.....	4
Daviess County.....	4
Martin County.....	8
Morgan County.....	4
Scattering.....	13

IOWA.

Cerebrospinal meningitis:	
Guthrie County.....	1
Chancroid.....	2
Chicken pox.....	5
Diphtheria:	
Des Moines.....	4
Mason City.....	5
Scattering.....	19
Gonorrhea.....	55
Influenza.....	2

IOWA—continued.

Measles:	Cases.
Cerro Gordo County.....	6
Dubuque.....	4
Mason City.....	9
Scattering.....	2
Scarlet fever:	
Boone.....	4
Des Moines.....	11
Polk County.....	5
Ringgold County.....	8
Scattering.....	23
Smallpox:	
Davenport.....	37
Scott County.....	4
Steamboat Rock.....	12
Tama County.....	7
Scattering.....	9
Syphilis.....	17

KANSAS.

Diphtheria.....	102
Influenza.....	14
Scarlet fever.....	107
Smallpox.....	48

LOUISIANA.

Chancroid.....	21
Diphtheria.....	6
Gonorrhea.....	103
Influenza.....	9
Plague (bubonic).....	1
Poliomyelitis.....	3
Scarlet fever.....	9
Syphilis.....	77
Typhoid fever.....	21

MAINE.

Chancroid.....	2
Chicken pox.....	4
Diphtheria:	
Lewiston.....	9
Scattering.....	7
Gonorrhea.....	31
Influenza.....	2
Measles.....	3
Mumps.....	5
Pneumonia.....	2
Scarlet fever:	
Augusta.....	4
Hallowell.....	11
Machias.....	12
Scattering.....	16
Septic sore throat.....	1
Smallpox:	
Farmington.....	5
Temple.....	6
Scattering.....	4
Syphilis.....	13
Tuberculosis.....	9
Typhoid fever.....	2
Whooping cough.....	11

MASSACHUSETTS.

Cerebrospinal meningitis.....	2
Chicken pox.....	209
Conjunctivitis (suppurative).....	5

MASSACHUSETTS—continued.

	Cases.
Diphtheria.....	216
Gonorrhea.....	142
Influenza.....	29
Measles.....	196
Measles (German).....	4
Mumps.....	146
Ophthalmia neonatorum.....	15
Poliomyelitis.....	2
Pneumonia (lobar).....	79
Scarlet fever.....	269
Septic sore throat.....	3
Smallpox.....	2
Syphilis.....	67
Trachoma.....	3
Tuberculosis (pulmonary).....	126
Tuberculosis (other forms).....	18
Typhoid fever.....	12
Whooping cough.....	164

MINNESOTA.

Cerebrospinal meningitis.....	1
Chancroid.....	5
Gonorrhea.....	94
Smallpox (new foci):	
Becker County—	
Hamden Township.....	1
Faribault County—	
Seely Township.....	1
Hubbard County—	
Straight River Township.....	2
Wabasha County—	
Gillford Township.....	1
Syphilis.....	53

MONTANA.

Diphtheria.....	3
Influenza.....	1
Scarlet fever.....	29
Smallpox.....	19
Typhoid fever.....	4

NEW JERSEY.

Influenza.....	26
Pneumonia.....	93

NEW MEXICO.

Chancroid.....	1
Chicken pox.....	4
Diphtheria.....	7
Gonorrhea.....	8
Influenza.....	1
Leprosy:	
Silver City.....	1
Malaria.....	3
Measles.....	5
Mumps.....	55
Scarlet fever:	
Raton.....	4
Scattering.....	8
Smallpox.....	7
Syphilis.....	4
Trachoma.....	1
Tuberculosis.....	21
Typhoid fever.....	6

NEW YORK.

(Exclusive of New York City.)

Cerebrospinal meningitis:	Cases.
Buffalo.....	1
Hempstead.....	5
Diphtheria.....	293
Gonorrhea.....	38
Influenza.....	40
Measles.....	140
Poliomyelitis:	
Homer.....	1
Hyde Park.....	1
Pneumonia.....	98
Scarlet fever.....	201
Syphilis.....	175
Typhoid fever.....	20
Whooping cough.....	190

NORTH CAROLINA.

Cerebrospinal meningitis.....	1
Chancroid.....	10
Chicken pox.....	59
Diphtheria.....	148
Gonorrhea.....	86
Measles.....	12
Measles (German).....	2
Ophthalmia neonatorum.....	1
Pneumonia (broncho).....	14
Pneumonia (lobar).....	17
Scarlet fever.....	55
Septic sore throat.....	3
Smallpox.....	33
Syphilis.....	33
Trachoma.....	2
Typhoid fever.....	34
Whooping cough.....	108

OHIO.

Diphtheria:	
Akron.....	13
Cincinnati.....	23
Youngstown.....	8
Scarlet fever:	
Akron.....	15
Cincinnati.....	38
Trumbull County—	
Southington Township.....	14
Smallpox:	
Piqua.....	14

VERMONT.

Chicken pox.....	36
Diphtheria.....	11
Influenza.....	5
Measles.....	41
Measles (German).....	4
Mumps.....	50
Scarlet fever.....	6
Typhoid fever.....	1
Whooping cough.....	57

VIRGINIA.

Smallpox:	
Bedford County.....	1
King George County.....	1
Pulaski County, several.....	
Rockingham County.....	2
Wise County.....	2

WASHINGTON.		WISCONSIN.	
	Cases.		Cases.
Chicken pox.....	75	Cerebrospinal meningitis.....	1
Diphtheria.....	32	Chicken pox.....	58
Measles.....	55	Diphtheria.....	44
Mumps.....	34	Erysipelas.....	2
Pneumonia.....	2	Measles.....	27
Scarlet fever.....	34	Scarlet fever.....	30
Smallpox.....	130	Smallpox.....	8
Tuberculosis.....	3	Tuberculosis.....	22
Typhoid fever.....	3	Typhoid fever.....	1
Whooping cough.....	21	Whooping cough.....	14
WEST VIRGINIA.		Scattering:	
Diphtheria:		Cerebrospinal meningitis.....	1
Charleston.....	4	Chancroid.....	3
Fairmont.....	8	Chicken pox.....	35
Grafton.....	5	Diphtheria.....	29
Huntington.....	8	Gonorrhea.....	64
Martinsburg.....	7	Influenza.....	1
Wheeling.....	5	Measles.....	42
Scattering.....	22	Polio-myelitis.....	1
Measles.....	2	Scarlet fever.....	48
Scarlet fever:		Smallpox.....	81
Clarksburg.....	7	Syphilis.....	8
Fairmont.....	4	Tuberculosis.....	10
Scattering.....	11	Typhoid fever.....	3
Smallpox.....	4	Whooping cough.....	19
Typhoid fever.....	8		

SUMMARY OF CASES REPORTED MONTHLY BY STATES.

Tables showing by counties the reported cases of cerebrospinal meningitis, malaria, pellagra, poliomyelitis, smallpox, and typhoid fever are published under the names of these diseases. See names of these and other diseases in the table of contents.)

The following monthly State reports include only those which were received during the current week. These reports appear each week as received.

State.	Cerebrospinal meningitis.	Diphtheria.	Malaria.	Measles.	Pellagra.	Polio-myelitis.	Scarlet fever.	Smallpox.	Typhoid fever.
OCTOBER, 1919.									
Connecticut.....	4	548	2	327		2	320		68
Indiana.....	6	265		47		13	420	158	145
Iowa.....	2	185				5	200	73	
Kansas.....	7	476	2	23		14	334	80	108
Mississippi.....	4	320	14,616	40	367	9	226	112	336
Montana.....	3	29		12		1	90	52	33
North Carolina.....	10	1,012		69		9	345	116	277
North Dakota.....		218		22		1	41		14
Ohio.....	12	1,232	5	632	1	28	888	93	463
Oregon.....	1	30		22			105	100	9
South Carolina.....	4	571	109	43	5	5	28	17	39
Washington.....		114		15			191	243	48
Wyoming.....		12		46			33	5	11

ANTHRAX.

Kansas, Montana, and New York, N. Y.

During October, 1919, one case of anthrax was reported in Kansas, and one case was reported in Montana. During the week ended November 15, 1919, one case and one death from anthrax were reported at New York, N. Y.

BERIBERI.

San Francisco, Calif., Week Ended Nov. 15, 1919.

During the week ended November 15, 1919, one case of beriberi was reported in San Francisco, Calif.

CEREBROSPINAL MENINGITIS.

State Reports for October, 1919.

Place.	New cases reported.	Place.	New cases reported.
Connecticut:		Montana—Continued.	
Windham County—		Musselshell County—	
Woodstock.....	1	Klein.....	1
Indiana:		Yellowstone County—	
Fulton County.....	1	Huntley (R. D.).....	1
Lake County.....	2	Total.....	3
Steuben County.....	1		
Wabash County.....	1	North Carolina:	
Wayne County.....	1	Gates County.....	1
Total.....	6	Guilford County.....	1
Iowa:		Jackson County.....	1
Clay County.....	1	Lincoln County.....	1
Keokuk County.....	1	Rutherford County.....	2
Total.....	2	Surry County.....	1
		Union County.....	1
Kansas:		Warren County.....	1
Doniphan County—		Wayne County.....	1
Doniphan.....	1	Total.....	10
Greenwood County—			
Eureka (R. F. D.).....	1	Ohio:	
Morton County—		Defiance County.....	1
Elkhart.....	1	Jefferson County.....	1
Phillips County—		Lake County.....	1
Long Island.....	2	Licking County.....	1
Glade.....	1	Lorain County.....	2
Riley County—		Lucas County.....	1
Manhattan.....	1	Mahoning County.....	1
Total.....	7	Morrow County.....	1
		Summit County.....	2
Mississippi:		Washington County.....	1
De Soto County.....	1	Total.....	12
Hinds County.....	1		
Holmes County.....	1	Oregon:	
Humphreys County.....	1	Portland.....	1
Total.....	4		
Montana:		South Carolina:	
Missoula County—		Greenville County.....	1
Missoula.....	1	Oconee County.....	1
		Richland County.....	2
		Total.....	4

City Reports for Week Ended Nov. 15, 1919.

Place.	Cases.	Deaths.	Place.	Cases.	Deaths.
Alexandria, La.....	1		Denver, Colo.....	1	1
Atlanta, Ga.....	1	1	Detroit, Mich.....	2	
Baltimore, Md.....	1	1	Dubuque, Iowa.....	1	
Billings, Mont.....	1	1	Flint, Mich.....	1	
Bloomfield, N. J.....	1	1	Milwaukee, Wis.....	1	1
Bluefield, W. Va.....	1	1	New Bedford, Mass.....	1	1
Boston, Mass.....	1	2	New York, N. Y.....	2	4
Buffalo, N. Y.....	1		Paducah, Ky.....	1	
Cape Girardeau, Mo.....	2		Pontiac, Mich.....	1	1
Chicago, Ill.....	3	2	Rochester, N. Y.....	3	1
Columbia, S. C.....	1		St. Louis, Mo.....	1	1
Dallas, Tex.....	1	1	Topeka, Kans.....	2	
Danville, Ill.....	1	1	Youngstown, Ohio.....	1	

DIPHTHERIA.

See Telegraphic weekly reports from States, p. 2789; Monthly summaries by States, p. 2793; and Weekly reports from cities, p. 2808.

INFLUENZA.**Cases Reported by State Health Officers, Week Ended Nov. 29, 1919.**

	Cases.		Cases.
Alabama.....	1	Louisiana.....	9
Arkansas.....	16	Maine.....	2
California.....	21	Massachusetts.....	29
Connecticut.....	13	Montana.....	1
Florida.....	12	New Jersey.....	26
Georgia.....	12	New Mexico.....	1
Illinois.....	53	New York.....	40
Indiana.....	20	Vermont.....	5
Iowa.....	2	Wisconsin.....	1
Kansas.....	14		

LETHARGIC ENCEPHALITIS.**Connecticut—October, 1919.**

During the month of October, 1919, one case of lethargic encephalitis was reported in Connecticut.

MALARIA.**State Reports for October, 1919.**

Place.	New cases reported.	Place.	New cases reported.
Connecticut:		Mississippi—Continued.	
Hartford County—		Holmes County.....	795
Bristol.....	1	Humphreys County.....	468
Litchfield County—		Issaquena County.....	160
Harwinton.....	1	Itawamba County.....	25
Total.....	2	Jackson County.....	39
Kansas:		Jasper County.....	96
Wyandotte County—		Jefferson County.....	110
Kansas City.....	2	Jefferson Davis County.....	40
Mississippi:		Jones County.....	152
Adams County.....	124	Kemper County.....	88
Alcorn County.....	86	Lafayette County.....	120
Amite County.....	123	Lamar County.....	71
Attala County.....	109	Lauderdale County.....	116
Benton County.....	48	Lawrence County.....	160
Bolivar County.....	1,277	Leake County.....	126
Calhoun County.....	97	Lee County.....	289
Carroll County.....	144	Leflore County.....	412
Chickasaw County.....	83	Lincoln County.....	92
Choctaw County.....	94	Lowndes County.....	109
Claborn County.....	110	Madison County.....	63
Clarke County.....	89	Marion County.....	240
Clay County.....	91	Marshall County.....	105
Coahoma County.....	848	Monroe County.....	168
Copiah County.....	225	Neshoba County.....	96
Covington County.....	116	Newton County.....	64
De Soto County.....	84	Noxubee County.....	122
Forrest County.....	124	Oktibbeha County.....	60
Franklin County.....	79	Panola County.....	210
George County.....	35	Pearl River County.....	86
Greene County.....	85	Perry County.....	65
Grenada County.....	56	Pike County.....	46
Harrison County.....	42	Pontotoc County.....	105
Hinds County.....	368	Prentiss County.....	89
		Quitman County.....	392
		Rankin County.....	67
		Scott County.....	105

MALARIA—Continued.

State Reports for October, 1919—Continued.

Place.	New cases reported.	Place.	New cases reported.
Mississippi—Continued.		Ohio:	
Sharkey County.....	182	Butler County.....	1
Simpson County.....	151	Cuyahoga County.....	1
Smith County.....	123	Hamilton County.....	1
Stone County.....	40	Miami County.....	1
Sunflower County.....	1,066	Summit County.....	1
Tallahatchie County.....	579	Total.....	5
Tate County.....	168		
Tippah County.....	86	South Carolina:	
Tishomingo County.....	82	Anderson County.....	3
Tunica County.....	392	Beaufort County.....	11
Union County.....	95	Chester County.....	10
Walthall County.....	24	Chesterfield County.....	5
Warren County.....	295	Clarendon County.....	15
Washington County.....	420	Lexington County.....	5
Wayne County.....	55	Marion County.....	23
Webster County.....	48	Orangeburg County.....	14
Wilkinson County.....	29	Spartanburg County.....	1
Winston County.....	180	Union County.....	12
Yalobusha County.....	120	York County.....	10
Yazoo County.....	482	Total.....	109
Total.....	14,616		

City Reports for Week Ended Nov. 15, 1919.

Place.	Cases.	Deaths.	Place.	Cases.	Deaths.
Alexandria, La.....	63	.....	Memphis, Tenn.....	1	.....
Alexandria, Va.....	1	.....	Newton, Mass.....	1	.....
Charleston, W. Va.....	1	.....	Pine Bluff, Ark.....	4	.....
Charleston, S. C.....	.....	1	Santa Cruz, Calif.....	.....	1
Charlotte, N. C.....	.....	1	Savannah, Ga.....	5	2
Dallas, Tex.....	4	.....	Trenton, N. J.....	1	.....
Independence, Mo.....	1	.....	Tuscaloosa, Ala.....	3	.....
Little Rock, Ark.....	1	.....		

MEASLES.

See Telegraphic weekly reports from States, page 2789; Monthly summaries by States, page 2793; and Weekly reports from cities, page 2808.

PELLAGRA.

State Reports for October, 1919.

Place.	New cases reported.	Place.	New cases reported.
Mississippi:		Mississippi—Continued.	
Adams County.....	4	Hinds County.....	17
Amite County.....	3	Holmes County.....	9
Attala County.....	1	Humphreys County.....	9
Benton County.....	1	Issaquena County.....	3
Bolivar County.....	57	Itawamba County.....	1
Chickasaw County.....	3	Jasper County.....	10
Choctaw County.....	1	Jefferson Davis County.....	1
Clay County.....	4	Jones County.....	7
Coahoma County.....	36	Kemper County.....	1
Copiah County.....	2	Lamar County.....	2
De Soto County.....	3	Lauderdale County.....	2
Forest County.....	11	Leake County.....	1
Franklin County.....	3	Lee County.....	7
George County.....	2	Leflore County.....	3
Harrison County.....	1	Lincoln County.....	7

PELLAGRA—Continued.

State Reports for October, 1919—Continued.

Place.	New cases reported.	Place.	New cases reported.
Mississippi—Continued.		Mississippi—Continued.	
Lowndes County.....	2	Tunica County.....	28
Madison County.....	4	Union County.....	3
Marshall County.....	4	Walthall County.....	4
Monroe County.....	1	Warren County.....	12
Neshoba County.....	1	Washington County.....	21
Noxubee County.....	1	Webster County.....	4
Panola County.....	3	Yalobusha County.....	1
Pearl River County.....	6	Yazoo County.....	9
Pike County.....	3	Total.....	367
Pontotoc County.....	1	Ohio:	
Quitman County.....	1	Hamilton County.....	1
Scott County.....	5	South Carolina:	
Sharkey County.....	1	Clarendon County.....	2
Smith County.....	1	Marion County.....	3
Sunflower County.....	19	Total.....	5
Tallahatchie County.....	9		
Tate County.....	3		
Tippah County.....	2		
Tishomingo County.....	6		

City Reports for Week Ended Nov. 15, 1919.

Place.	Cases.	Deaths.	Place.	Cases.	Deaths.
Kalamazoo, Mich.....		1	New Orleans, La.....	1	1
Memphis, Tenn.....		1	Raleigh, N. C.....		1
Mobile, Ala.....		2	Richmond, Va.....	1	
Nashville, Tenn.....		1	Tuscaloosa, Ala.....	1	

PNEUMONIA.

City Reports for Week Ended Nov. 15, 1919.

Place.	Lobar.		All forms.		Place.	Lobar.		All forms.	
	Cases.	Deaths.	Cases.	Deaths.		Cases.	Deaths.	Cases.	Deaths.
Akron, Ohio.....	1				Chicopee, Mass.....			2	
Alliance, Ohio.....				2	Chillicothe, Ohio.....				1
Ann Arbor, Mich.....				1	Cincinnati, Ohio.....				2
Appleton, Wis.....				1	Cleveland, Ohio.....			11	14
Atlanta, Ga.....				3	Clinton, Mass.....			1	
Auburn, N. Y.....			1	1	Cohoes, N. Y.....	2			
Baltimore, Md.....			27	22	Colorado Springs, Colo.....				3
Barberton, Ohio.....				1	Columbus, Ohio.....				4
Berkeley, Calif.....				1	Covington, Ky.....			2	2
Binghamton, N. Y.....			1		Cranston, R. I.....			1	1
Birmingham, Ala.....				3	Dallas, Tex.....			6	3
Bloomington, Ill.....				4	Danville, Ill.....			3	5
Boston, Mass.....			20	4	Dayton, Ohio.....			1	1
Bridgeport, Conn.....				1	Decatur, Ill.....				1
Bristol, Conn.....			1		Denver, Colo.....				4
Brookline, Mass.....			2	1	Detroit, Mich.....			8	12
Brunswick, Ga.....				1	Duluth, Minn.....			4	2
Buffalo, N. Y.....			9	10	East Orange, N. J.....			2	
Butte, Mont.....				2	Elgin, Ill.....				1
Cambridge, Mass.....			2	2	Elizabeth, N. J.....				2
Camden, N. J.....			1		Elmira, N. Y.....			1	1
Canton, Ohio.....				1	El Paso, Tex.....				4
Charleston, S. C.....				1	Englewood, N. J.....			1	
Charlotte, N. C.....				1	Eureka, Calif.....				1
Chelsea, Mass.....			1	2	Evansville, Ind.....				4
Chicago, Ill.....			142	40	Everett, Mass.....	1	1		

PNEUMONIA—Continued.

City Reports for Week Ended Nov. 15, 1919—Continued.

Place.	Lobar.		All forms.		Place.	Lobar.		All forms.	
	Cases.	Deaths.	Cases.	Deaths.		Cases.	Deaths.	Cases.	Deaths.
Fall River, Mass.			2	3	Oakland, Calif.				2
Flint, Mich.				1	Oak Park, Ill.			2	1
Fond du Lac, Wis.				1	Oklahoma City, Okla.			2	
Fort Dodge, Iowa			1		Omaha, Nebr.				1
Fort Wayne, Ind.				3	Orange, N. J.			3	
Fort Worth, Tex.			2	2	Paducah, Ky.			1	
Frammingham, Mass.			1		Pasadena, Calif.			1	
Frankfort, Ky.			1	1	Passaic, N. J.			4	2
Fresno, Calif.				1	Paterson, N. J.				1
Grand Rapids, Mich.			6	2	Peekskill, N. Y.				1
Greeley, Colo.				2	Peoria, Ill.				1
Green Bay, Wis.				1	Perth Amboy, N. J.				1
Hammond, Ind.				1	Philadelphia, Pa.			53	35
Harrison, N. J.			1		Pine Bluff, Ark.				2
Hibbing, Minn.			4		Piqua, Ohio			2	
Highland Park, Mich.				1	Pittsfield, Mass.			1	1
Holyoke, Mass.				1	Plainfield, N. J.			1	1
Independence, Mo.			2	1	Plattsburgh, N. Y.				1
Ishpeming, Mich.			1		Portland, Oreg.		2		3
Ithaca, N. Y.			1	2	Portsmouth, Va.				5
Jamestown, N. Y.			1	1	Providence, R. I.				1
Jefferson City, Mo.				1	Racine, Wis.				1
Jersey City, N. J.			2		Reno, Nev.				1
Kalamazoo, Mich.			1		Richmond, Va.				6
Kankakee, Ill.			1		Roanoke, Va.			1	
Kansas City, Kans.			4		Rochester, N. Y.			5	
Kansas City, Mo.			16	11	Rome, Ga.			1	
Kearney, N. J.			2	2	Rome, N. Y.				2
Kenosha, Wis.				1	Sacramento, Calif.				1
Kewanee, Ill.			1	1	St. Paul, Minn.				1
Kokomo, Ind.				1	Salem, Oreg.				1
Lawrence, Mass.			2	1	Salt Lake City, Utah.		3		
Leominster, Mass.			1		San Antonio, Tex.			2	2
Lexington, Ky.				1	San Bernardino, Calif.				1
Lincoln, Nebr.				1	San Diego, Calif.		1		
Lockport, N. Y.			1		Sandusky, Ohio				1
Long Beach, Calif.				1	San Francisco, Calif.			5	
Los Angeles, Calif.			20	3	Santa Cruz, Calif.				1
Louisville, Ky.			3	3	Saratoga Springs, N. Y.			2	
Lowell, Mass.			2	2	Savannah, Ga.				3
Lynn, Mass.			2	2	Schenectady, N. Y.				3
Madison, Wis.				1	Sioux Falls, S. Dak.			1	
Malden, Mass.			1		Somerville, Mass.		4	2	
Manchester, N. H.			1	1	Spartanburg, S. C.				1
Marinette, Wis.			1	1	Springfield, Mass.			2	1
Marion, Ind.				1	Springfield, Mo.				1
Marion, Ohio			1		Steubenville, Ohio			1	
Marlboro, Mass.			1		Stockton, Calif.		1		
Mason City, Iowa				1	Syracuse, N. Y.				1
Medford, Mass.				1	Taunton, Mass.				1
Melrose, Mass.				1	Toledo, Ohio.				4
Memphis, Tenn.				7	Topeka, Kans.				1
Milwaukee, Wis.			6		Trenton, N. J.			5	2
Minneapolis, Minn.			3		Troy, N. Y.				5
Moline, Ill.			2		Union, N. J.			1	1
Monmouth, Ill.				1	Washington, D. C.				6
Montclair, N. J.			1		Watertown, Mass.			1	
Montgomery, Ala.				1	Westfield, Mass.			1	
Mount Vernon, N. Y.			2	1	Wheeling, W. Va.				1
Nashville, Tenn.			1	3	Wilmington, Del.				2
New Bedford, Mass.			2	4	Winona, Minn.				1
Newburgh, N. Y.			1	1	Winston-Salem, N. C.				2
New Haven, Conn.				1	Woburn, Mass.		1		
New Orleans, La.				3	Worcester, Mass.			3	6
Newton, Mass.				1	Yonkers, N. Y.			1	
New York, N. Y.			94	113	Youngstown, Ohio				1
Niagara Falls, N. Y.			1	1	Zanesville, Ohio				1
Norwalk, Conn.				1					

POLIOMYELITIS (INFANTILE PARALYSIS).

State Reports for October, 1919.

Place.	New cases reported.	Place.	New cases reported.
Connecticut:		Mississippi:	
New Haven County—		Lincoln County.....	2
New Haven.....	1	Quitman County.....	1
Wallingford.....	1	Simpson County.....	1
Total.....	2	Tallahatchie County.....	1
		Yalobusha County.....	4
Indiana:		Total.....	9
Dekalb County.....	1	Montana:	
Elkhart County.....	1	Mineral County—	
La Porte County.....	2	Alberton (R. D.).....	1
Marion County.....	1		
Pulaski County.....	2	North Carolina:	
Steuben County.....	1	Caswell County.....	2
Vigo County.....	2	Chatham County.....	1
Wabash County.....	2	Davidson County.....	1
Warren County.....	1	Granville County.....	1
Total.....	13	Haywood County.....	1
		Rutherford County.....	2
Iowa:		Surry County.....	1
Blackhawk County.....	1	Total.....	9
Dallas County.....	1		
Hardin County.....	1	North Dakota:	
Polk County.....	1	Mandan.....	1
Wapello County.....	1		
Total.....	5	Ohio:	
Kansas:		Allen County.....	2
Allen County—		Columbiana County.....	1
Iola.....	1	Coshocton County.....	1
Crawford County—		Cuyahoga County.....	2
Gross.....	1	DeLancey County.....	2
Dickinson County—		Franklin County.....	1
Abilene.....	1	Logan County.....	1
Douglas County—		Lorain County.....	1
Baldwin.....	1	Lucas County.....	10
Olathe (R. F. D.).....	1	Miami County.....	2
Eudora.....	1	Muskingum County.....	1
Lawrence.....	1	Pickaway County.....	1
Jefferson County—		Ross County.....	1
Oskaloosa.....	1	Van Wert County.....	1
Labette County—		Total.....	28
Roper (R. F. D.).....	1		
Leavenworth County—		South Carolina:	
Jarbola.....	2	Greenville County.....	1
Saline County—		Lancaster County.....	1
Assaria.....	1	Lexington County.....	2
Sumner County—		Spartanburg County.....	1
Mulvane.....	2	Total.....	5
Total.....	14		

City Reports for Week Ended Nov. 15, 1919.

Place.	Cases.	Deaths.	Place.	Cases.	Deaths.
Battle Creek, Mich.....	1	.....	Kansas City, Mo.....	.....	1
Columbus, Ga.....	1	.....	Lynn, Mass.....	1	.....
Danville, Ill.....	1	.....	New York, N. Y.....	1	.....
Denver, Colo.....	1	.....	Oshkosh, Wis.....	1	.....
Fond du Lac, Wis.....	1	.....	Pekin, Ill.....	1	.....
Galesburg, Ill.....	.....	1	St. Louis, Mo.....	1	.....
Kalamazoo, Mich.....	1	.....		

RABIES IN ANIMALS.**Denver, Colo., and Fall River, Mass.**

During the week ended November 15, 1919, one case of rabies in animals was reported at Denver, Colo., and one case was reported at Fall River, Mass.

RABIES IN MAN.**Mississippi Report for October, 1919.**

During October, 1919, two cases of rabies in man were reported in Mississippi.

SCARLET FEVER.

See Telegraphic weekly reports from States, p. 2789; Monthly summaries by States, p. 2793; and Weekly reports from cities, p. 2808.

SMALLPOX.**State Reports for October, 1919—Vaccination Histories.**

Place.	New cases reported.	Deaths.	Vaccination history of cases.			
			Vaccinated within seven years preceding attack.	Last vaccinated more than seven years preceding attack.	Never successfully vaccinated.	History not obtained or uncertain.
Kansas:						
Atchison County—						
Atchison.....	6					6
Barton County—						
Pawnee Rock.....	3					3
Butler County—						
El Dorado.....	1					1
Augusta.....	1					1
Cherokee County—						
Sherwin.....	1					1
Cheyenne County—						
St. Francis.....	7					7
Cloud County—						
Clyde.....	1					1
Douglas County—						
Lawrence (R. F. D.).....	1					1
Jefferson County—						
McLouth.....	1					1
Lawrence (R. F. D.).....	3					3
Kingman County—						
Kingman.....	3					3
Labette County—						
Parsons.....	1					1
Leavenworth County—						
Leavenworth.....	3					3
Neosho County—						
Chanute.....	3				3	
Norton County—						
Norton.....	1				1	
Pawnee County—						
Larned.....	1					1
Phillips County—						
Phillipsburg.....	23				9	14
Rawlins County—						
Achilles.....	14					14
Rooks County—						
Paleo.....	3					3
Sedgwick County—						
Malze.....	1				1	
Smith County—						
Reamsville.....	1				1	
Sumner County—						
South Haven.....	1			1		
Total.....	80			1	15	64

SMALLPOX—Continued.

State Reports for October, 1919—Vaccination Histories—Continued.

Place.	New cases reported.	Deaths.	Vaccination history of cases.			
			Number vaccinated within 7 years preceding attack.	Number last vaccinated more than 7 years preceding attack.	Number never successfully vaccinated.	Vaccination history not obtained or uncertain.
Montana:						
Cascade County—						
Great Falls.....	1		1			
Fergus County—						
Denton.....	1				1	
Heath.....	1				1	
Judith Gap.....	1				1	
Lewistown.....	9				9	
Lewis and Clark County—						
Helena.....	1				1	
Lincoln County—						
Libby.....	8				8	
Troy.....	14			1	11	2
Roosevelt County—						
Wolf Point.....	9			1	8	
Rosebud County—						
Forsyth.....	2				2	
Rosebud (1 R. D.).....	2				2	
Silver Bow County—						
Butte.....	1					1
Wheatland County—						
Harlowton (R. D.).....	1				1	
Yellowstone County—						
Billings.....	1				1	
Total.....	52		1	2	46	3
Ohio:						
Athens County.....	4					4
Butler County.....	2				1	1
Crawford County.....	2				1	1
Cuyahoga County.....	7					7
Delaware County.....	3					3
Fayette County.....	5					5
Hamilton County.....	10		1		2	7
Hancock County.....	2				2	
Highland County.....	2					2
Jackson County.....	2				2	
Jefferson County.....	1				1	
Knox County.....	2					2
Lake County.....	3		1			2
Lawrence County.....	1				1	
Lorain County.....	3				3	
Mahoning County.....	18				10	8
Miami County.....	3				3	
Pickaway County.....	4				1	3
Richland County.....	8				7	1
Ross County.....	4					4
Scioto County.....	2				1	1
Stark County.....	3					3
Tuscarawas County.....	2					2
Total.....	93		2		35	56

State Reports for October, 1919.

Place.	Cases.	Deaths.	Place.	Cases.	Deaths.
Indiana:			Indiana—Continued.		
Allen County.....	1		Howard County.....	30	
Cass County.....	1		Huntington County.....	2	
Clinton County.....	1		Jackson County.....	5	
Dearborn County.....	4		Jasper County.....	1	
Elkhart County.....	4		Jefferson County.....	1	
Fountain County.....	19		Knox County.....	1	
Fulton County.....	1		Kosciusko County.....	1	
Grant County.....	8		Lake County.....	6	
Hamilton County.....	3		Laporte County.....	19	

SMALLPOX—Continued.

State Reports for October, 1919—Continued.

Place.	Cases.	Deaths.	Place.	Cases.	Deaths.
Indiana—Continued.			North Carolina—Continued.		
Madison County.....	5	.....	Rockingham County.....	12	.....
Marion County.....	6	.....	Rutherford County.....	12	.....
Noble County.....	2	.....	Vance County.....	2	.....
Porter County.....	1	.....	Washington County.....	2	.....
Randolph County.....	1	.....	Wilkes County.....	3	.....
Shelby County.....	1	.....	Total.....	116	.....
Steuben County.....	6	.....	Oregon:		
St. Joseph County.....	5	.....	Clackamas County.....	5	.....
Tippecanoe County.....	2	.....	Grant County.....	1	.....
Tipton County.....	8	.....	Hood River County.....	2	.....
Vermilion County.....	9	.....	Linn County.....	6	.....
Vigo County.....	1	.....	Tillamook County.....	23	.....
Warren County.....	1	.....	Umatilla County.....	17	.....
Warrick County.....	1	.....	Union County.....	2	.....
Wayne County.....	1	.....	Wasco County.....	3	.....
Total.....	158	.....	Portland.....	41	.....
Iowa:			Total.....	100	.....
Audubon County.....	3	.....	South Carolina:		
Black Hawk County.....	15	.....	Abbeville County.....	2	.....
Clinton County.....	9	.....	Cherokee County.....	1	.....
Decatur County.....	1	.....	Chester County.....	1	.....
Floyd County.....	7	.....	Greenville County.....	2	.....
Hardin County.....	3	.....	Lee County.....	6	.....
Harrison County.....	1	.....	Spartanburg County.....	5	.....
Kossuth County.....	3	.....	Total.....	17	.....
Scott County.....	29	.....	Washington:		
Wapello County.....	1	.....	Columbia County.....	1	.....
Webster County.....	1	.....	Cowlitz County—	.....	.....
Total.....	73	.....	Kelso.....	1	.....
Mississippi:			Garfield County.....	6	.....
Carroll County.....	4	.....	Grays Harbor County.....	12	.....
Coahoma County.....	6	.....	Hoquiam.....	4	.....
Copiah County.....	1	.....	King County.....	1	.....
Grenada County.....	1	.....	Auburn.....	1	.....
Holmes County.....	2	.....	Kent.....	3	.....
Kemper County.....	1	.....	Kirkland.....	1	.....
Lauderdale County.....	1	.....	Seattle.....	59	.....
Leflore County.....	13	.....	Kittitas County.....	2	.....
Marshall County.....	1	.....	Cle Elum.....	7	.....
Newton County.....	7	.....	Ellensburg.....	2	.....
Oktibbeha County.....	1	.....	Klickitat County.....	1	.....
Panola County.....	1	.....	Lewis County—	.....	.....
Rankin County.....	1	.....	Centralia.....	6	.....
Sunflower County.....	12	.....	Lincoln County—	.....	.....
Tallahatchie County.....	12	.....	Harrington.....	6	.....
Tate County.....	41	.....	Okanogan County—	.....	.....
Tippah County.....	2	.....	Paferos.....	1	.....
Warren County.....	3	.....	Pierce County.....	2	.....
Washington County.....	1	.....	Tacoma.....	6	.....
Webster County.....	1	.....	Skagit County.....	5	.....
Total.....	112	.....	Snohomish County.....	5	.....
North Carolina:			Granite Falls.....	2	.....
Ashe County.....	1	.....	Stanwood.....	1	.....
Beaufort County.....	1	.....	Spokane County—	.....	.....
Buncombe County.....	1	.....	Spokane.....	44	.....
Chatham County.....	1	.....	Walla Walla County.....	3	.....
Cumberland County.....	1	.....	Walla Walla.....	35	.....
Forsyth County.....	3	.....	Whatcom County.....	8	.....
Gaston County.....	1	.....	Ferndale.....	3	.....
Gates County.....	5	.....	Bellingham.....	14	.....
Granville County.....	19	.....	Yakima County—	.....	.....
Greene County.....	1	.....	Yakima.....	1	.....
Gulford County.....	7	.....	Total.....	243	.....
Halifax County.....	2	.....	Wyoming:		
Martin County.....	5	.....	Sheridan County.....	3	.....
McDowell County.....	17	.....	Laramie County.....	1	.....
Nash County.....	2	.....	Big Horn County.....	1	.....
Northampton County.....	1	.....	Total.....	5	.....
Onslow County.....	1	.....		
Perquimans County.....	3	.....		
Pitt County.....	11	.....		
Richmond County.....	2	.....		

SMALLPOX—Continued.

City Reports for Week Ended Nov. 15, 1919.

Place.	Cases.	Deaths.	Place.	Cases.	Deaths.
Alexandria, La.....	12	.....	Logansport, Ind.....	2	.....
Alton, Ill.....	2	.....	Los Angeles, Calif.....	4	.....
Atlanta, Ga.....	1	.....	Marshalltown, Iowa.....	5	.....
Auburn, Me.....	1	.....	Milwaukee, Wis.....	9	.....
Bellingham, Wash.....	9	.....	Minneapolis, Minn.....	7	.....
Boise, Idaho.....	1	.....	Muskogee, Okla.....	1	.....
Buffalo, N. Y.....	2	.....	New Orleans, La.....	1	.....
Butler, Pa.....	1	.....	Ogden, Utah.....	21	.....
Canton, Ohio.....	3	.....	Omaha, Nebr.....	8	.....
Chicago, Ill.....	2	.....	Oshkosh, Wis.....	1	.....
Chillicothe, Ohio.....	2	.....	Piqua, Ohio.....	14	.....
Columbus, Ohio.....	.....	1	Pocatello, Idaho.....	11	.....
Dallas, Tex.....	3	.....	Portland, Oreg.....	39	.....
Davenport, Iowa.....	13	.....	Portsmouth, Va.....	2	.....
Denver, Colo.....	29	.....	Racine, Wis.....	2	.....
Detroit, Mich.....	6	.....	Roanoke, Va.....	2	.....
Dubuque, Iowa.....	1	.....	St. Joseph, Mo.....	18	.....
El Paso, Tex.....	3	.....	St. Paul, Minn.....	2	.....
Eureka, Calif.....	2	.....	Seattle, Wash.....	17	.....
Everett, Wash.....	1	.....	Sioux City, Iowa.....	1	.....
Fargo, N. Dak.....	1	.....	South Bend, Ind.....	13	.....
Fond du Lac, Wis.....	16	.....	Spartanburg, S. C.....	1	.....
Fort Worth, Tex.....	1	.....	Spokane, Wash.....	20	.....
Grand Rapids, Mich.....	1	.....	Steubenville, Ohio.....	2	.....
Great Falls, Mont.....	1	.....	Superior, Wis.....	1	.....
Green Bay, Wis.....	3	.....	Tacoma, Wash.....	1	.....
Hammond, Ind.....	1	.....	Traverse City, Mich.....	1	.....
Indianapolis, Ind.....	1	.....	Vincennes, Ind.....	6	.....
Kansas City, Kans.....	1	.....	Waco, Tex.....	1	.....
Kokomo, Ind.....	17	.....	Walla Walla, Wash.....	6	.....
La Fayette, Ind.....	2	.....	Wausau, Wis.....	17	.....
Lawrence, Kans.....	1	.....	Youngstown, Ohio.....	6	.....
Lincoln, Nebr.....	3	.....		

TETANUS.

City Reports for Week Ended Nov. 15, 1919.

Place.	Cases.	Deaths.	Place.	Cases.	Deaths.
Chicago, Ill.....	1	.....	Rochester, N. Y.....	.....	1
Cleveland, Ohio.....	1	1	Rome, N. Y.....	1	.....
New Orleans, La.....	.....	1	San Francisco, Calif.....	.....	1
Norwich, Conn.....	1	.....	Tuscaloosa, Ala.....	1	.....
Philadelphia, Pa.....	1	2			

TUBERCULOSIS.

See Telegraphic weekly reports from States, page 2789; and Weekly reports from cities, page 2808.

TYPHOID FEVER.

State Reports for October, 1919.

Place.	New cases reported.	Place.	New cases reported.
Connecticut:		Connecticut—Continued	
Fairfield County—		Litchfield County—	
Bridgeport.....	1	Litchfield.....	2
Worwalk.....	1	Plymouth.....	3
Hartford County—		Thomaston.....	1
Canton.....	1	Watertown.....	1
Enfield.....	2	Middlesex County—	
Natford.....	5	Middletown.....	4
Manchester.....	1	New Haven County—	
New Britain.....	2	Cheshire.....	1
Windsor.....	2	East Haven.....	6
Windsor Locks.....	1	Gulford.....	1

TYPHOID FEVER—Continued.

State Reports for October, 1919—Continued.

Place.	New cases reported.	Place.	New cases reported.
Connecticut—Continued.		Kansas—Continued.	
New Haven County—Continued.		Butler County—	
Madison.....	1	Whitewater.....	2
Meriden.....	2	Wells.....	1
New Haven.....	14	Patterson.....	1
North Haven.....	1	Leon.....	1
Wallingford.....	2	Augusta.....	2
Waterbury.....	6	Eldorado.....	8
New London County—		Chase County—	
New London.....	2	Cottonwood Falls.....	1
Tolland County—		Chautauqua County—	
Somers.....	1	Moline.....	1
Windham County—		Cherokee County—	
Killingly.....	1	Columbus.....	2
Putnam.....	1	Baxter Springs.....	2
Windham.....	1	Crestline.....	1
Woodstock.....	1	Scammon.....	3
Total.....	68	Galena.....	4
Indiana:		Clay County—	
Allen County.....	6	Clay Center.....	1
Boone County.....	2	Cowley County—	
Carroll County.....	2	Arkansas City.....	1
Cass County.....	1	Crawford County—	
Clay County.....	2	Arcadia.....	1
Decatur County.....	5	Bingo.....	1
Dekalb County.....	2	Doniphan County—	
Dubois County.....	1	Troy.....	1
Elkhart County.....	6	Douglas County—	
Fountain County.....	1	Endora.....	1
Franklin County.....	3	Vinland.....	1
Grant County.....	1	Lawrence.....	1
Hancock County.....	1	Elk County—	
Howard County.....	3	Moline.....	2
Huntington County.....	11	Finney County—	
Jackson County.....	1	Garden City.....	2
Jay County.....	9	Ford County—	
Jennings County.....	3	Ford.....	1
Johnson County.....	2	Geary County—	
Knox County.....	3	Alta Vista.....	3
Lake County.....	1	Hodgeman County—	
Laporte County.....	5	Hodgeman.....	1
Lawrence County.....	1	Jewell County—	
Madison County.....	6	Mankato.....	1
Marion County.....	12	Labette County—	
Marshall County.....	1	Chetopa.....	1
Martin County.....	6	Altamont.....	2
Monroe County.....	3	Leavenworth County—	
Noble County.....	2	Tonganoxie.....	1
Orange County.....	1	Lyon County—	
Owen County.....	2	Emporia.....	1
Perry County.....	4	Marion County—	
Pike County.....	1	Hillsboro.....	1
Ripley County.....	3	Marshall County—	
Steuben County.....	3	Marysville.....	1
St. Joseph County.....	2	McPherson County—	
Sullivan County.....	6	Lindsborg.....	1
Tipton County.....	3	Meade County—	
Vanderburg County.....	6	Phins.....	1
Vigo County.....	4	Montgomery County—	
Wabash County.....	2	Caney.....	2
Wayne County.....	3	Cherryvale.....	2
Wells County.....	2	Coffeyville.....	6
White County.....	1	Independence.....	1
Total.....	145	Morton County—	
Kansas:		Elkhart.....	1
Allen County—		Neosho County—	
Geneva.....	1	Shaw.....	3
Atchison County—		Chanute.....	3
Atchison.....	1	Norton County—	
Barton County—		Norton.....	1
Great Bend.....	2	Phillips County—	
Bourbon County—		Phillipsburg.....	1
Brownson.....	1	Pratt County—	
		Inka.....	1
		Pratt.....	1
		Reno County—	
		Turra.....	1
		Hutchinson.....	1

TYPHOID FEVER—Continued.

State Reports for October, 1919—Continued.

Place.	New cases reported.	Place.	New cases reported.
Kansas—Continued.		Mississippi—Continued.	
Rice County—		Tallahatchie County.....	6
Ellinwood.....	1	Tate County.....	11
Sedgwick County—		Tippah County.....	11
Valley Center.....	1	Tishomingo County.....	9
Greenwick.....	1	Union County.....	3
Wichita.....	9	Warren County.....	2
Shawnee County—		Washington County.....	6
Topeka (I R. F. D.).....	4	Wayne County.....	3
Stevens County—		Webster County.....	7
Moscow.....	1	Wilkinson County.....	2
Sumner County—		Winston County.....	7
Genda Springs.....	1	Yalobusha County.....	7
Wabaunsee County—		Yazoo County.....	1
Alma.....	1		
Wilson County—		Total.....	336
Neodesha (R. F. D.).....	1		
Woodson County—		Montana:	
Yates Center.....	1	Big Horn County—	
Wyandotte County—		Crow Agency.....	3
Kansas City.....	2	Blaine County—	
		Zurich.....	1
Total.....	108	Cascade County—	
Mississippi:		Black Eagle.....	1
Adams County.....	3	Great Falls.....	7
Alcorn County.....	10	Sand Coulee.....	1
Amite County.....	8	Dawson County—	
Attala County.....	2	Glendive.....	1
Benton County.....	4	Flathead County—	
Bolivar County.....	30	Kalispell.....	1
Calhoun County.....	3	Glacier County—	
Carroll County.....	1	Browning.....	1
Chickasaw County.....	2	Hill County—	
Choctaw County.....	2	Havre.....	2
Claiborne County.....	6	Lincoln County—	
Clarke County.....	2	Libby.....	4
Coahoma County.....	5	Missoula County—	
Copiah County.....	1	Missoula (I R. D.).....	1
Covington County.....	5	St. Ignatius.....	3
De Soto County.....	3	Musselshell County—	
Forest County.....	2	Farrelltown.....	1
Franklin County.....	1	Phillips County—	
Greene County.....	5	Saco (R. D.).....	1
Grenada County.....	4	Roosevelt County—	
Harrison County.....	1	Wolf Point (I R. D.).....	2
Hinds County.....	5	Silver Bow County—	
Holmes County.....	1	Butte.....	1
Humphreys County.....	2	Treasure County—	
Jackson County.....	2	Hysham (R. D.).....	1
Jasper County.....	2	Valley County—	
Jefferson County.....	2	Wolf Point (R. D.).....	1
Jefferson Davis County.....	2		
Jones County.....	19	Total.....	33
Kemper County.....	3		
Lafayette County.....	10	North Carolina:	
Lamar County.....	2	Alamance County.....	2
Lauderdale County.....	4	Anson County.....	2
Lawrence County.....	1	Ashe County.....	8
Leake County.....	1	Beaufort County.....	1
Lee County.....	2	Bertie County.....	2
Leflore County.....	5	Bladen County.....	1
Lincoln County.....	4	Brunswick County.....	2
Lowndes County.....	1	Buncombe County.....	2
Madison County.....	6	Burke County.....	1
Marshall County.....	11	Caldwell County.....	6
Newton County.....	12	Camden County.....	2
Oktibbeha County.....	1	Carteret County.....	1
Panola County.....	8	Caswell County.....	1
Pearl River County.....	1	Catawba County.....	6
Pike County.....	6	Chatham County.....	7
Pontotoc County.....	3	Columbus County.....	4
Prentiss County.....	5	Craven County.....	1
Rankin County.....	3	Cumberland County.....	2
Scott County.....	9	Davidson County.....	1
Simpson County.....	3	Duplin County.....	1
Smith County.....	7	Durham County.....	10
Sunflower County.....	15	Edgecombe County.....	3
		Forsyth County.....	10

TYPHOID FEVER—Continued.

State Reports for October, 1919—Continued.

Place.	New cases reported.	Place.	New cases reported.
North Carolina—Continued.		Ohio—Continued.	
Franklin County.....	5	Crawford County.....	4
Gaston County.....	18	Cuyahoga County.....	19
Graham County.....	1	Darke County.....	4
Granville County.....	1	Defiance County.....	18
Guilford County.....	12	Delaware County.....	15
Halifax County.....	5	Erie County.....	15
Harnett County.....	4	Fairfield County.....	5
Haywood County.....	3	Fayette County.....	1
Henderson County.....	4	Franklin County.....	9
Hertford County.....	1	Fulton County.....	6
Iredell County.....	5	Gallia County.....	2
Johnston County.....	6	Guernsey County.....	5
Lincoln County.....	19	Hamilton County.....	12
Macon County.....	3	Hancock County.....	4
Madison County.....	2	Hardin County.....	12
Martin County.....	1	Harrison County.....	2
McDowell County.....	3	Henry County.....	2
Mecklenburg County.....	1	Highland County.....	5
Montgomery County.....	3	Hocking County.....	5
Nash County.....	1	Huron County.....	3
New Hanover County.....	4	Jackson County.....	4
Northampton County.....	4	Jefferson County.....	3
Onslow County.....	1	Knox County.....	16
Orange County.....	2	Lawrence County.....	10
Pasquotank County.....	9	Licking County.....	5
Perquimans County.....	3	Logan County.....	4
Person County.....	5	Lorain County.....	5
Pitt County.....	10	Lucas County.....	7
Randolph County.....	4	Mahoning County.....	15
Robeson County.....	3	Marion County.....	5
Rockingham County.....	7	Medina County.....	3
Rowan County.....	3	Meigs County.....	3
Rutherford County.....	4	Mercer County.....	1
Sampson County.....	2	Miami County.....	17
Scotland County.....	1	Monroe County.....	3
Stanley County.....	3	Montgomery County.....	10
Surry County.....	8	Morrow County.....	2
Swain County.....	5	Noble County.....	2
Union County.....	2	Ottawa County.....	2
Vance County.....	2	Paulding County.....	1
Wake County.....	3	Pickaway County.....	7
Washington County.....	2	Pike County.....	1
Wayne County.....	5	Portage County.....	4
Waynes County.....	3	Preble County.....	1
Wilkes County.....	5	Putnam County.....	5
Wilson County.....	2	Ross County.....	8
Yadkin County.....	1	Sandusky County.....	4
Total.....	277	Scioto County.....	5
North Dakota:		Seneca County.....	1
Rugby.....	2	Shelby County.....	1
Bismarck.....	1	Stark County.....	9
Sheridan County.....	1	Summit County.....	23
McHenry County.....	3	Trumbull County.....	11
Brinsmade.....	1	Tuscarawas County.....	12
Grand Forks.....	3	Union County.....	6
Rolla.....	1	Van Wert County.....	3
Minto.....	1	Vinton County.....	3
Jamestown.....	1	Warren County.....	3
Total.....	14	Washington County.....	8
Ohio:		Williams County.....	4
Adams County.....	1	Wood County.....	5
Allen County.....	25	Wyandot County.....	7
Ashtabula County.....	2	Total.....	463
Athens County.....	7	Oregon:	
Auglaize County.....	1	Josephine County.....	1
Belmont County.....	3	Umatilla County.....	1
Butler County.....	3	Union County.....	3
Carroll County.....	1	Portland.....	4
Champaign County.....	1	Total.....	9
Clark County.....	3	South Carolina:	
Clermont County.....	11	Anderson County.....	1
Clinton County.....	1	Chesterfield County.....	2
Columbia County.....	9	Clarendon County.....	1
Coshocton County.....	4	Florence County.....	2

TYPHOID FEVER—Continued.

State Reports for October, 1919—Continued.

Place.	New cases reported.	Place.	New cases reported.
South Carolina—Continued.		Washington—Continued.	
Greenville County.....	6	Pacific County—	
Greenwood County.....	2	Ilwaco.....	1
Kershaw County.....	1	Pierce County—	
Marion County.....	4	Tacoma.....	1
Newberry County.....	1	Skagit County.....	2
Oconee County.....	1	Burlington.....	1
Orangeburg County.....	3	Skamania County.....	1
Richland County.....	8	Spokane County—	
Spartanburg County.....	1	Spokane.....	2
Union County.....	5	Walla Walla County—	
York County.....	1	Walla Walla.....	6
Total.....	39	Whatecom County.....	1
Washington:		Bellingham.....	1
Benton County.....	1	Whitman County—	
Kennewick.....	1	Saint John.....	1
Chelan County.....	3	Yakima County—	
Wenatchee.....	2	Yakima.....	2
Columbia County—		Total.....	48
Dayton.....	1	Wyoming:	
Cowlitz County—		Sheridan County.....	1
Woodland.....	1	Laramie County.....	1
Douglas County—		Johnson County.....	2
Bridgeport.....	5	Lincoln County.....	1
Grays Harbor County.....	4	Converse County.....	2
King County.....	2	Uinta County.....	2
Kittitas County.....	2	Natrona County.....	2
Lincoln County.....	2	Total.....	11
Davenport.....	1		
Okanogan County.....	3		
Tonasket.....	1		

City Reports for Week Ended Nov. 15, 1919.

Place.	Cases.	Deaths.	Place.	Cases.	Deaths.
Aberdeen, S. Dak.....	1		Dayton, Ohio.....	2	
Akron, Ohio.....	1		Denver, Colo.....	1	
Albany, N. Y.....	3		Detroit, Mich.....	9	1
Albuquerque, N. Mex.....	1		Easton, Pa.....	1	
Allentown, Pa.....	1		Elizabeth, N. J.....	1	
Ann Arbor, Mich.....	2		El Paso, Tex.....	2	1
Anniston, Ala.....	1		Fall River, Mass.....	7	
Ashtabula, Ohio.....	1		Flint, Mich.....	1	
Atlanta, Ga.....	1		Fort Smith, Ark.....	2	
Atlantic City, N. J.....	2		Green Bay, Wis.....		1
Attleboro, Mass.....	1		Hammond, Ind.....		1
Auburn, N. Y.....	1		Highland Park, Mich.....	1	
Aurora, Ill.....	1		Independence, Mo.....	1	
Baltimore, Md.....	8	1	Indianapolis, Ind.....	1	3
Birmingham, Ala.....	1		Ironton, Ohio.....	1	
Bluefield, W. Va.....	1		Ithaca, N. Y.....	1	
Boston, Mass.....	2		Jamestown, N. Y.....	2	
Bradford, Pa.....	1		Joliet, Ill.....	2	
Bridgeport, Conn.....	2		Kansas City, Kans.....	2	
Brookline, Mass.....	1		Kansas City, Mo.....	3	2
Buffalo, N. Y.....	1	1	Kenosha, Wis.....	1	
Butte, Mont.....			Kewanee, Ill.....	2	1
Cambridge, Mass.....	3		Kokomo, Ind.....		1
Canton, Ohio.....	1		Lawrence, Kans.....	2	
Centralia, Ill.....	1		Lexington, Ky.....	1	1
Charleston, S. C.....	2		Lima, Ohio.....	17	
Chester, Pa.....	1		Los Angeles, Calif.....	5	
Chicago Heights, Ill.....	1		Louisville, Ky.....	3	
Chicago, Ill.....	14	1	Lynn, Mass.....	2	
Cincinnati, Ohio.....	1		McKees Rocks, Pa.....	1	
Cleveland, Ohio.....		1	Marion, Ohio.....	1	
Coatesville, Pa.....	1		Marquette, Mich.....	1	
Concord, N. H.....	1		Moline, Ill.....	1	
Cranston, R. I.....	3		Nanticoke, Pa.....	1	
Dallas, Tex.....	2	3	Nashville, Tenn.....	1	2

TYPHOID FEVER—Continued.

City Reports for Week Ended Nov. 15, 1919—Continued.

Place.	Cases.	Deaths.	Place.	Cases.	Deaths.
Newburgh, N. Y.	1		St. Cloud, Minn.	1	
New Haven, Conn.	1		St. Louis, Mo.	2	1
Newport, R. I.	1		St. Paul, Minn.	1	
Newton, Mass.	1		Salem, Oreg.	1	
New York, N. Y.	25	2	Saugus, Mass.	1	
North Adams, Mass.	1		Savannah, Ga.	5	
North Little Rock, Ark.	1		Seattle, Wash.	1	
Norwalk, Conn.	1		Somerville, Mass.	1	
Oil City, Pa.	1		Sunbury, Pa.	1	
Oklahoma City, Okla.	3		Tacoma, Wash.	1	
Omaha, Nebr.	1		Toledo, Ohio.	1	
Pasadena, Calif.	1		Topeka, Kans.	1	
Paterson, N. J.	1		Trenton, N. J.	4	1
Philadelphia, Pa.	8	1	Waco, Tex.	1	
Pittsburgh, Pa.	2		Walla Walla, Wash.	3	
Portsmouth, Va.	2		Washington, D. C.	3	
Reading, Pa.	4		Washington, Pa.	1	
Red Wing, Minn.	1		Waterbury, Conn.	1	
Reno, Nev.	1		Wilmington, Del.	1	1
Richmond, Va.	1		Winston-Salem, N. C.	2	1
Riohoke, Va.	2		Worcester, Mass.	1	1
Rochester, N. Y.	2		Yakima, Wash.	2	
Rome, Ga.	1		York, Pa.	2	
Saginaw, Mich.		1	Youngstown, Ohio.	2	1

TYPHUS FEVER.

New York, N. Y., Week Ended Nov. 15, 1919.

During the week ended November 15, 1919, one case of typhus fever was reported at New York, N. Y.

DIPHTHERIA, MEASLES, SCARLET FEVER, AND TUBERCULOSIS.

City Reports for Week Ended Nov. 15, 1919.

City.	Popula- tion as of July 1, 1917 (estimated by U. S. Census Bureau).	Total deaths from all causes.	Diphtheria.		Measles.		Scarlet fever.		Tuber- culosis.	
			Cases.	Deaths.	Cases.	Deaths.	Cases.	Deaths.	Cases.	Deaths.
Aberdeen, S. Dak.	15,926	1								
Adams, Mass.	14,406	3	2	2						
Akron, Ohio.	93,604	23	8		4		9		3	
Alameda, Calif.	28,433	10	4		10				1	
Albany, N. Y.	106,632	1	1		1		2		4	
Albuquerque, N. Mex.	14,509	7			1				3	4
Alexandria, La.	16,232	7	2						3	
Alexandria, Va.	17,939	5	3				5		1	1
Allentown, Pa.	65,100	4	4		2		7			
Alliance, Ohio.	19,581	4	1				1			
Alton, Ill.	23,793	7	2				6			
Altos, Pa.	59,712	8			144		6			
Amesbury, Mass.	10,200	2								
Anaconda, Mont.	10,631	0								
Ann Arbor, Mich.	15,041	14			1		1			
Ansonia, Conn.	16,954	3	1							
Appleton, Wis.	18,005	2					1			
Arlington, Mass.	13,073	5	1				1			1
Ashland, Ky.	12,195	1	1				1			
Ashtabula, Ohio.	22,008	0	2		10		1			
Atchison, Kans.	16,785								1	
Atlanta, Ga.	196,144	60	11		4		5		5	5
Atlantic City, N. J.	59,515	11	1		2		1			
Attleboro, Mass.	19,776	5	3				1		1	
Auburn, N. Y.	37,823	16	3				3			

DIPHThERIA, MEASLES, SCARLET FEVER, AND TUBERCULOSIS— Continued.

City Reports for Week Ended Nov. 15, 1919—Continued.

City.	Popula- tion as of July 1, 1917 (estimated by U. S. Census Bureau).	Total deaths from all causes.	Diphtheria.		Measles.		Scarlet fever.		Tuber- culosis.	
			Cases.	Deaths.	Cases.	Deaths.	Cases.	Deaths.	Cases.	Deaths.
Aurora, Ill.	34,795	18	1	1						
Austin, Tex.	35,612	217	7	1			1			8
Baltimore, Md.	594,637		50	6	4		26		31	20
Bangor, Me.	26,958								1	
Barberton, Ohio.	14,187	4	2							
Baton Rouge, La.	17,544	8								
Battle Creek, Mich.	30,150	14	2		1		20			
Bayonne, N. J.	72,204		6				2		3	
Beatrice, Nebr.	10,437	3	1	1						
Bedford, Ind.	10,613		1							
Belleville, N. J.	12,797		2				6			
Bellingham, Wash.	34,362		7							
Beloit, Wis.	18,547	2	2							
Benton Harbor, Mich.	11,099						1			
Berkeley, Calif.	60,427	16	2		3		3		1	
Berlin, N. H.	13,852	11							1	1
Bethlehem, Pa.	14,353		4		3				4	
Beverly, Mass.	22,128	2					1			
Biddeford, Me.	17,760	4								
Billings, Mont.	15,123	4								
Binghamton, N. Y.	54,894	12	2				1			1
Birmingham, Ala.	189,716	55	16	2			5		5	8
Bloomfield, N. J.	19,013	4								
Bloomington, Ill.	27,462	9					2			
Bluefield, W. Va.	16,123						1			
Boise, Idaho	35,951	5					1			
Boston, Mass.	767,813	201	69	6	124	1	60		35	17
Braddock, Pa.	22,060		3		3					
Bradford, Pa.	14,544						1			
Brazil, Ind.	10,472	1								
Bridgeport, Conn.	124,724	26	16	2	19		4			1
Bristol, Conn.	16,318	1	3						1	1
Brockton, Mass.	69,152	14	13		16		4		3	2
Brookline, Mass.	33,526	5	1				2		1	
Brunswick, Ga.	10,984	4								
Buffalo, N. Y.	475,781	126	142	10	4		24	1	26	8
Burlington, Iowa.	25,144	4					1			
Burlington, Vt.	21,802	6			1				1	1
Butler, Pa.	28,677		10				10			
Butte, Mont.	44,057	12	2				2		2	
Cadillac, Mich.	10,158	3	3				4			
Cairo, Ill.	15,995	9	2				2			
Cambridge, Mass.	114,293	23	11		3		6		6	3
Camden, N. J.	108,117		4		2		7		3	
Canton, Ill.	13,674	2								
Canton, Ohio.	62,566	14	13						3	3
Cape Girardeau, Mo.	11,146	3	3				2			2
Carbondale, Pa.	19,597		2							
Carlisle, Pa.	10,795		1				3			
Carnegie, Pa.	11,963		1		1		3			
Cedar Rapids, Iowa.	38,033		3				1			
Centralia, Ill.	11,838	3	1							
Chambersburg, Pa.	12,475						1			
Chanute, Kans.	12,968	2					2			
Charleston, S. C.	61,041	17	5	1	1				5	
Charleston, W. Va.	31,060	5	6				1			3
Charlotte, N. C.	40,759	8	6						4	1
Chattanooga, Tenn.	61,575	15	3				2			4
Chelsea, Mass.	48,405	11	3	1			6		1	
Chester, Pa.	41,857		4		1				2	
Cheyenne, Wyo.	11,320	1	2				4			
Chicago Heights, Ill.	22,863	3	6		3					
Chicago, Ill.	2,547,201	566	245	11	97	1	194	4	226	56
Chicopee, Mass.	29,950	0	2		4				2	
Chillicothe, Ohio	15,625	4	2							1
Cincinnati, Ohio	414,248	105	24	1	17		45		19	
Cleveland, Ohio.	692,259	158	98	7	43	1	23		12	18
Clinton, Iowa.	27,678		1				1			

¹ Population, Apr. 15, 1910.

DIPHThERIA, MEASLES, SCARLET FEVER, AND TUBERCULOSIS— Continued.

City Reports for Week Ended Nov. 15, 1919—Continued.

City.	Population as of July 1, 1914 (estimated by U. S. Census Bureau).	Total deaths from all causes.	Diphtheria.		Measles.		Scarlet fever.		Tuberculosis.	
			Cases.	Deaths.	Cases.	Deaths.	Cases.	Deaths.	Cases.	Deaths.
Clinton, Mass.	13,075	2	2						1	
Coatesville, Pa.	14,998		2							
Coffeyville, Kans.	18,331		3							
Cohoes, N. Y.	25,292	4							1	
Colorado Springs, Colo.	38,965	10					1		7	
Columbia, S. C.	35,165		2				1		1	
Columbus, Ga.	26,306	6								
Columbus, Ohio.	220,135	60	10				11		4	3
Concord, N. H.	22,858	10	1							
Connellsville, Pa.	15,876						2			
Council Bluffs, Iowa	31,838	9	4				2			
Covington, Ky.	59,623	14	7				1		1	1
Cranston, R. I.	26,773	7								
Cumberland, Md.	26,686	5	1		1				1	1
Dallas, Tex.	129,738	46	33	1	2		2		3	5
Danbury, Conn.	22,931	6	2				2			
Danville, Ill.	32,900	9								
Danville, Va.	20,183		4		1					
Davenport, Iowa.	49,618		2				4			
Dayton, Ohio.	128,139	27	7		1		5		10	
Decatur, Ill.	41,483	12	5	1						
Dedham, Mass.	10,618	1	1		8		1			
Denver, Colo.	268,437	63	11	2	1		10			13
Des Moines, Iowa.	104,052	6	2				7			
Detroit, Mich.	619,648	186	115	5	61		75	2	55	11
Dover, N. H.	13,276	3								
Dubuque, Iowa.	40,036	6	1						3	1
Duluth, Minn.	97,077	28	20						3	1
Dunkirk, N. Y.	21,311	2	1	1	2		5		1	
Dunmore, Pa.	21,286		1				3			
Durham, N. C.	26,109	6	1				2		4	
East Chicago, Ind.	30,286	9								
Easthampton, Mass.	10,656		5				1		5	
Easton, Pa.	30,854		15		3		6		5	
East Orange, N. J.	43,761	6	2		1		1		4	
East Providence, R. I.	18,485		1		1		2			
East St. Louis, Ill.	77,312	13								
Eau Claire, Wis.	18,887	4	1				2		3	
Elgin, Ill.	28,562	5							1	
Elizabeth, N. J.	88,830									3
Elkhart, Ind.	22,273	2	1				3			
Elnira, N. Y.	28,272	13			18				5	
El Paso, Tex.	69,149	30	2	1	1		2			6
Elwood, Ind.	11,028	2								
Englewood, N. J.	12,003	3							1	
Eugene, Ore.	14,257						1		1	
Eureka, Calif.	15,142	3	2				1		2	
Evanson, Ill.	29,304	7								
Evansville, Ind.	76,981	25	9				3		1	1
Everett, Mass.	40,160	5	19	1			1		4	
Everett, Wash.	37,205						1			
Fairmont, W. Va.	16,111		6				10			
Fall River, Mass.	122,828	36	8	2	7	1			6	1
Fargo, N. Dak.	17,872	4	3		11		9			
Farrell, Pa.	10,190		2							
Findlay, Ohio.	14,858	2								
Fitchburg, Mass.	42,119	6			2		3		2	1
Flint, Mich.	57,386	16	14		29		5			
Fond du Lac, Wis.	21,486	11	1				2			
Fort Dodge, Iowa.	21,039									
Fort Scott, Kans.	10,586	4					8		3	
Fort Smith, Ark.	29,390		3							
Fort Wayne, Ind.	78,014	18	4				1			2
Fort Worth, Tex.	109,597	17	36	1			1		1	1
Fostoria, Ohio.	10,959	7					1			
Frammingham, Mass.	14,149	3					4			
Frankfort, Ky.	11,179	1								
Fremont, Nebr.	10,080	2								
Fresno, Calif.	36,314	11	6	1			4			3

Population Apr. 15, 1910.

DIPHTHERIA, MEASLES, SCARLET FEVER, AND TUBERCULOSIS— Continued.

City Reports for Week Ended Nov. 15, 1919—Continued.

City.	Popula- tion as of July 1, 1917 (estimated by U. S. Census Bureau).	Total deaths from all causes.	Diphtheria.		Measles.		Scarlet fever.		Tuber- culosis.	
			Cases.	Deaths.	Cases.	Deaths.	Cases.	Deaths.	Cases.	Deaths.
Galesburg, Ill.	24,629	5								
Galveston, Tex.	42,650	10	2							1
Gardner, Mass.	17,534								1	
Geneva, N. Y.	13,915	5	2							
Glens Falls, N. Y.	17,160	2	1							
Grand Rapids, Mich.	132,861	39	6		1		1		3	1
Granite City, Ill.	15,880	4	7		2				1	
Great Falls, Mont.	13,948	7	1				1			
Greely, Colo.	11,942	4								
Green Bay, Wis.	30,017	7	1				1			
Greenfield, Mass.	12,251	3	1				3			
Greensboro, N. C.	20,171	2								1
Greensburg, Pa.	15,881	1	1				1			
Greenwich, Conn.	19,594	1			1					
Hackensack, N. J.	17,412	4			1				1	1
Hammond, Ind.	27,016	7	11	2			2			
Harrisburg, Pa.	73,276		1				6			
Harrison, N. J.	17,345								1	
Haverhill, Mass.	49,180	6	2							2
Hazleton, Pa.	28,981		2		26					
Hibbing, Minn.	17,550				44					
Highland Park, Mich.	33,859	7	16		1				2	
Holoken, N. J.	78,324	13	1						1	1
Holland, Mich.	12,459	1	4							
Holyoke, Mass.	66,503	16	1				5		4	
Hudson, N. Y.	12,898	7								
Huntington, Ind.	10,982						3			
Huntington, W. Va.	47,686		4				1			
Hutchinson, Kans.	21,461		1							
Independence, Mo.	11,964	5	1						3	
Indianapolis, Ind.	283,622	63	6	1			8		13	3
Ironton, Ohio	14,079	2	1							
Ironwood, Mich.	15,095	3								
Irvington, N. J.	16,710		1		1		1		1	1
Ishpeming, Mich.	12,448						3		1	
Ithaca, N. Y.	16,017	1					1			
Jacksonville, Ill.	15,506	7					2			1
Jamestown, N. Y.	37,431	12								
Janesville, Wis.	14,411	8	14		1					1
Jefferson City, Mo.	13,712	10					3			1
Jersey City, N. J.	312,557		9		1		2		8	1
Johnstown, N. Y.	10,678	0								
Johnstown, Pa.	70,473		3		74		1			
Joplin, Mo.	33,400	5					2		2	
Kalamazoo, Mich.	50,408	10	3		2		15		3	
Kankakee, Ill.	14,270	2	1				1			
Kansas City, Kans.	102,096		13		2		6		3	
Kansas City, Mo.	305,816	71	12	2	61		7		13	10
Kearny, N. J.	24,325	4			1		5			
Keene, N. H.	10,725	1							2	
Kenosha, Wis.	32,833	1	1		1		3			
Kewanee, Ill.	13,607	5								
Kokomo, Ind.	21,929	11								
Lackawanna, N. Y.	16,219	4	4				2			1
La Crosse, Wis.	31,833	7		1			1		1	1
La Fayette, Ind.	21,481	4	1				5			
Lancaster, Ohio	16,086	6					1			
Lancaster, Pa.	51,437		14				6		4	
Lawrence, Kans.	19,477	2	4							
Lawrence, Mass.	102,923	14	2		1		9		4	2
Leavenworth, Kans.	19,363								1	1
Leominster, Mass.	21,365	1					3			
Lexington, Ky.	41,997	12	2				3			1
Lima, Ohio	37,145	10	6	1			5			1
Lincoln, Neb.	46,957		1							
Little Rock, Ark.	58,716		7				5			
Lockport, N. Y.	20,028	2					1			
Logansport, Ind.	21,338	4					6		1	1
Long Beach, Calif.	29,163	12	1				2			
Long Branch, N. J.	15,733	0	2				2		1	

¹ Population Apr. 15, 1919.

DIPHTHERIA, MEASLES, SCARLET FEVER, AND TUBERCULOSIS— Continued.

City Reports for Week Ended Nov. 15, 1919—Continued.

City.	Popula- tion as of July 1, 1917 (estimated by U. S. Census Bureau).	Total deaths from all causes.	Diphtheria.		Measles.		Scarlet fever.		Tuber- culosis.	
			Cases.	Deaths.	Cases.	Deaths.	Cases.	Deaths.	Cases.	Deaths.
Lorain, Ohio.	38,266		1						1	
Los Angeles, Calif.	535,485	147	20	1	2		12		42	24
Louisville, Ky.	240,808	51	34	1			3		7	8
Lowell, Mass.	114,366	30	8	1			18		2	2
Ludington, Mich.	10,566	1								
Lynchburg, Va.	33,497	6	1				1		1	1
Lynn, Mass.	104,334	19	11	1	1		20		4	3
McKeesport, Pa.	48,299	1								
McKees Rocks, Pa.	20,795		4				2		1	
Macon, Ga.	46,099	15	12	1						1
Madison, Wis.	31,315	6	2		1					1
Mahoney City, Pa.	17,700		4				2			
Malden, Mass.	52,243	10	1				1		1	2
Manchester, Conn.	15,859	1					2			
Manchester, N. H.	79,607	10	4						4	
Manitowoc, Wis.	13,931	5	1		10		5			
Mankato, Minn.	10,365	3								
Marionette, Wis.	14,610	3			1		4			
Marion, Ind.	19,923	7	5	1	1					
Marion, Ohio.	24,129	6					1			
Marlboro, Mass.	15,285	3	6				1			
Marquette, Mich.	12,555	3								
Marshalltown, Iowa.	14,519		2							
Martinsburg, W. Va.	12,984		2							
Martins Ferry, Ohio.	10,125	1								1
Mason City, Iowa.	14,938	8	1				1			
Medford, Mass.	26,681	7	4		1		4		2	
Melrose, Mass.	17,724	6								
Memphis, Tenn.	151,877	54	29	2			3		3	2
Meriden, Conn.	29,431	2	2						1	
Methuen, Mass.	14,320	0	1				1		2	
Middletown, N. Y.	15,890		3	2			5		1	
Middletown, Ohio.	16,384	1								1
Milwaukee, Wis.	445,008	83	35	4	21		34		17	5
Minneapolis, Minn.	373,448	64	28	1	1		11		18	2
Mobile, Ala.	59,201	18	6				1			2
Moline, Ill.	27,976	13			1				1	1
Monessen, Pa.	23,070		8		1		2			
Monmouth, Ill.	10,346	2								1
Montclair, N. J.	27,087	3					4			
Montgomery, Ala.	44,039	20	6	2					1	
Morgantown, W. Va.	14,444	0					1			
Morristown, N. J.	13,410	2	1		1					1
Moundsville, W. Va.	11,513	1								
Mount Carmel, Pa.	20,709		5				1		3	
Mount Vernon, N. Y.	37,991	5	3						1	
Muscatine, Iowa.	17,713	7								1
Muskegee, Okla.	47,173		7				2			
Nanticoke, Pa.	23,811		3		1		1			
Nashua, N. H.	27,541	5	6						8	1
Nashville, Tenn.	118,136	43	18	1			8		3	6
Natick, Mass.	10,140	1								
New Bedford, Mass.	121,622	35	5	1	28		3	1	4	2
New Britain, Conn.	55,385	13	4				4			3
New Brunswick, N. J.	25,855		1				3			
Newburgh, N. Y.	29,893	8	2				1		1	1
Newburyport, Mass.	15,291	6								
New Castle, Ind.	14,144	2			23	2				
New Castle, Pa.	41,915		2				9		8	
New Haven, Conn.	152,275	27	14	1	60	1	11		4	2
New Orleans, La.	377,010	112	7		1		3		14	16
Newport, R. I.	30,583	5					2		3	
Newton, Mass.	44,345	9	4		1		4			
New York, N. Y.	5,737,492	1,115	232	19	232	3	77		365	98
Niagara Falls, N. Y.	38,486	9	1		13		1		3	
Norristown, Pa.	31,969		2				3			
North Adams, Mass.	122,019	4					1			1
Northampton, Mass.	20,006	9					1			
North Attleboro, Mass.	11,248	3								
North Andover, Pa.	15,684		1		1					

Population Apr. 15, 1910.

DIPHThERIA, MEASLES, SCARLET FEVER, AND TUBERCULOSIS— Continued.

City Reports for Week Ended Nov. 15, 1919—Continued.

City.	Popula- tion as of July 1, 1917 (estimated by U. S. Census Bureau).	Total deaths from all causes.	Diphtheria.		Measles.		Scarlet fever.		Tuber- culosis.	
			Cases.	Deaths.	Cases.	Deaths.	Cases.	Deaths.	Cases.	Deaths.
North Little Rock, Ark.	15,515		1							
North Tonawanda, N. Y.	14,060	4					21		1	1
Norwalk, Conn.	27,332	4								
Norwich, Conn.	21,923	7	2							
Norwood, Ohio.	23,269	2	2		35		1			
Oakland, Calif.	206,405	42								2
Oak Park, Ill.	27,816	5	5		2					
Ogdensburg, N. Y.	16,845	4								
Ogden, Utah.	32,343	12					2		1	
Oil City, Pa.	20,162		1						2	
Oklahoma City, Okla.	97,588	14	10	2	1		1		3	3
Olean, N. Y.	16,927	7								
Omaha, Nebr.	177,777	40	10		1		8			4
Orange, N. J.	33,636	11	3						1	1
Oshkosh, Wis.	36,549	9					2			
Paducah, Ky.	25,178		2				2			
Parkersburg, W. Va.	21,059	4	1							
Parsons, Kans.	15,952	2					3			
Pasadena, Calif.	49,620	7			2		4		2	1
Passaic, N. J.	74,478	11	6	1	1		2		5	1
Paterson, N. J.	140,512	4	18		1				8	1
Peekskill, N. Y.	19,034	6								
Peoria, Ill.	72,184		18				12			
Perth Amboy, N. J.	42,646	9	6				1		1	
Philadelphia, Pa.	1,735,514	421	109	12	75		77	2	83	47
Phillipsburg, N. J.	15,879	2					1		1	
Phoenixville, Pa.	11,871		1							
Pine Bluff, Ark.	17,777								1	
Piqua, Ohio.	14,275	3	1		1		1		1	
Pittsburgh, Pa.	586,196	51			14		20		24	
Pittsfield, Mass.	39,678	7					2		3	
Pittston, Pa.	18,975		2		1		1			
Plainfield, N. J.	24,330	5	1		27					
Plattsburg, N. Y.	13,111	3								1
Plymouth, Mass.	14,001	1								
Plymouth, Pa.	19,439						1			
Pocatello, Idaho.	12,806						3			
Pontiac, Mich.	18,006	11	8		69				2	
Port Huron, Mich.	18,863	6	2		37		1			
Portland, Me.	64,720	24	1				6			
Portland, Oreg.	308,399	47	4	1	3		16		1	3
Portsmouth, N. H.	11,730	1			1		1			
Portsmouth, Va.	40,693	22	2		1		1			
Pottstown, Pa.	16,987		2							
Pottsville, Pa.	22,717		2		1					
Poughkeepsie, N. Y.	30,786	11	3	1					2	
Providence, R. I.	259,895	54	24	4	1		8	1		4
Provo, Utah.	10,923	2								
Pueblo, Colo.	56,084		1							
Quincy, Ill.	36,832	9	1							
Quincy, Mass.	39,022	6	1				2		4	
Racine, Wis.	47,465	10		1			2			
Rahway, N. J.	10,361	3					3			
Raleigh, N. C.	20,274	8	3				1			
Reading, Pa.	111,607		6		1		1		4	
Redlands, Calif.	14,573	1							2	1
Reno, Nev.	15,514	5								
Richmond, Ind.	25,080	5	4		2		2		1	
Richmond, Va.	158,702	55	7				10	1	13	7
Riverside, Calif.	20,496	6								
Roanoke, Va.	46,282	11	2				3		1	
Rochester, N. Y.	264,714	61	35	1	13		7		7	3
Rockford, Ill.	56,739	18	1		1					1
Rock Island, Ill.	29,452	4	3		2		1		1	
Rocky Mount, N. C.	12,673	5	1						1	1
Rome, Ga.	15,607	2					1		1	
Rome, N. Y.	24,259		1				4			
Sacramento, Calif.	68,984	26					1		1	4
Saginaw, Mich.	56,469	13	1		3					
St. Cloud, Minn.	12,013	2								

¹ Population Apr. 15, 1910.

DIPHTHERIA, MEASLES, SCARLET FEVER, AND TUBERCULOSIS— Continued.

City Reports for Week Ended Nov. 15, 1919—Continued.

City.	Popula- tion as of July 1, 1917 (estimated by U. S. Census Bureau).	Total deaths from all causes.	Diphtheria.		Measles.		Scarlet fever.		Tuber- culosis.	
			Cases.	Deaths.	Cases.	Deaths.	Cases.	Deaths.	Cases.	Deaths.
St. Joseph, Mo.	86,498	24	6				5			
St. Louis, Mo.	768,630	156	107	7	13		15	1	55	11
St. Paul, Minn.	252,465	33	18				2		19	2
Salem, Mass.	49,346	8	5	1			2		4	1
Salem, Oreg.	21,274	6					1			
Salina, Kans.	12,470	0	3				1			
Salt Lake City, Utah	121,623	25							2	3
San Angelo, Tex.	10,321	3								2
San Antonio, Tex.	128,215	12	21	1	1		3		14	9
San Bernardino, Calif.	17,616	5								2
San Diego, Calif.	56,412	15	4				1			
Sandusky, Ohio	20,226	10							1	1
Sanford, Me.	11,217	1								
San Francisco, Calif.	471,623	114								11
San Jose, Calif.	39,810				1		1			
Santa Barbara, Calif.	15,260	2	1							1
Santa Cruz, Calif.	15,150	4					1			
Saratoga Springs, N. Y.	13,839	8	2						3	
Saugus, Mass.	10,210	4	1				1			
Savannah, Ga.	69,250	21	18				2	1		2
Schenectady, N. Y.	103,774	18	1	1					1	1
Scranton, Pa.	149,541		3		2		12		7	
Seattle, Wash.	369,445		12		14		11			
Shamokin, Pa.	21,274		7		12					
Sharon, Pa.	19,156						8			
Shelbyville, Ind.	11,201	2					2			
Shenandoah, Pa.	29,753		1		2					
Sioux City, Iowa	58,568		3	1			3			
Sioux Falls, S. Dak.	16,887	7	2				3	1		
Somerville, Mass.	88,618	18	3	1	1		2		7	2
South Bend, Ind.	70,967	16	4				1		2	1
Southbridge, Mass.	14,465	7						1		1
Spokane, Wash.	157,656		1				13			
Springfield, Ill.	62,623		5				3			2
Springfield, Mass.	108,668	11					4		4	
Springfield, Mo.	41,169	16								
Springfield, Ohio	52,296	18					1		1	1
Stamford, Conn.	31,810		5		3		2		2	
Staunton, Va.	11,823						1			
Steelton, Pa.	15,759		3						1	
Stenbenville, Ohio	28,259	15	6							
Stillwater, Minn.	10,108	4	1							
Stockton, Calif.	36,209	9			1		4			2
Sunbury, Pa.	16,661		1							
Superior, Wis.	47,167	9	3		9		2		11	
Syracuse, N. Y.	158,559	28	14		1		11		11	3
Tacoma, Wash.	117,446		9				3			
Taunton, Mass.	36,610	13			1	1			2	1
Terre Haute, Ind.	67,361	14	3							1
Toledo, Ohio	202,040	67	15		75	1	35		8	10
Topeka, Kans.	49,538	17	6						7	1
Traverse City, Mich.	14,090	1								
Trenton, N. J.	113,974	27	4	1	2		3		1	1
Troy, N. Y.	78,094	17	6	1			1			2
Tucson, Ariz.	17,324	13			1				3	4
Tuscaloosa, Ala.	10,824	3	1				2		3	
Union, N. J.	25,370	1	1				2			
Uniontown, Pa.	21,600						1			
Urbana, Ill.	19,146	2			1					
Vallejo, Calif.	13,803	3	3							
Vincennes, Ind.	18,089		1							
Virginia, Minn.	15,954		1							
Waco, Tex.	34,015		8				1			
Walla Walla, Wash.	26,067						1			
Waltham, Mass.	31,011	7	3				3			
Washington, D. C.	369,282	107	43	3	1		19		32	10
Washington, Pa.	22,076		4							
Waterbury, Conn.	89,201		32	5	4		9		1	1
Watertown, Mass.	15,188	3					4			1
Watertown, N. Y.	30,464		4				1			

1 Population Apr. 15, 1910.

DIPHtheria, MEASLES, SCARLET FEVER, AND TUBERCULOSIS— Continued.

City Reports for Week Ended Nov. 15, 1919—Continued.

City.	Popula- tion as of July 1, 1917 (estimated by U. S. Census Bureau).	Total deaths from all causes.	Diphtheria.		Measles.		Scarlet fever.		Tuber- culosis.	
			Cases.	Deaths.	Cases.	Deaths.	Cases.	Deaths.	Cases.	Deaths.
Wausau, Wis.	19,666	1			2		1		1	
Webster, Mass.	13,484	1								
West Chester, Pa.	13,403						1			
Westfield, Mass.	18,769	0	7							
West Hoboken, N. J.	44,386	6	3						1	1
West New York, N. J.	19,613	1	1						1	
West Orange, N. J.	13,964	4	8				1			2
Wheeling, W. Va.	43,657	9	5							1
White Plains, N. Y.	23,331	5							6	1
Wichita, Kans.	73,597	26	9				2			
Wilkes-Barre, Pa.	78,334		1		1		4		2	
Wilkinsburg, Pa.	23,899				1					
Williamsport, Pa.	34,123		1				4			
Wilmington, Del.	95,369	22	10	1			6			3
Winchester, Mass.	10,812	1								
Winona, Minn.	18,583	3			3		2	1		
Winston-Salem, N. C.	33,136	17	4							
Winthrop, Mass.	13,105	2								
Woburn, Mass.	16,076	7								
Worcester, Mass.	166,106	38	30	2			11		6	1
Yakima, Wash.	22,058								6	
Yonkers, N. Y.	103,066	22	5		1				1	1
York, Pa.	52,770		10		4		15		1	
Youngstown, Ohio.	112,282	23	10	1			9		3	1
Zanesville, Ohio.	31,320	7							1	

¹ Population Apr. 15, 1919.

FOREIGN AND INSULAR.

CEYLON.

Influenza and Pneumonia, April to June, 1919.

During the second quarter of 1919, 40,227 deaths were registered in Ceylon, giving an annual death rate for the three months of 34.5 per 1,000 population. During the corresponding quarter of 1918 the death rate was 20.6 per 1,000; for the fourth quarter of 1918 the rate was 57.6; and for the first quarter of 1919 it was 50.6. The high death rates for the last three quarters mentioned were due to the influenza epidemic. The figures given are taken from the report of the registrar-general of marriages, births, and deaths of Ceylon for the second quarter of 1919. The estimated population of the island April 1, 1919, was 4,682,180.

The accompanying table is a continuation of the tables published in the Public Health Reports October 24, 1919, pages 2415 and 2416; 20.4 per cent of the total deaths of the quarter were attributed to influenza or pneumonia, influenza being given as the cause of death in 13.7 per cent of the certificates.

Influenza and pneumonia in Ceylon April to June, 1919, inclusive—Number of deaths and annual death rates per 100,000 population.

District.	Number of deaths.			Annual death rates per 100,000 population.		
	Influenza.	Pneumonia.	Combined.	Influenza.	Pneumonia.	Combined.
Colombo.....	965	461	1,426	549	262	811
Negombo.....	175	18	193	367	38	405
Kalutara.....	480	112	592	616	144	759
Kandy.....	224	506	730	204	461	665
Matale.....	30	101	131	112	377	488
Nuwara Eliya.....	126	236	362	297	557	855
Galle.....	414	41	455	510	51	561
Matara.....	127	11	138	198	17	215
Hambantota.....	128	25	153	458	90	548
Jaffna.....	87	202	289	102	237	340
Mannar.....	2	26	28	35	451	486
Mullaittivu.....	2	58	60	47	1,360	1,407
Batticaloa.....	914	201	1,115	2,227	490	2,717
Trincomalee.....	8	19	27	105	250	355
Kurunegala.....	786	148	934	1,020	192	1,212
Puttalam.....	99	63	162	1,048	667	1,715
Chilaw.....	90	34	124	375	142	517
Anuradhapura.....	331	38	369	1,555	179	1,733
Badulla.....	222	268	490	403	486	888
Ratnapura.....	216	104	320	503	242	746
Kegalla.....	72	30	102	112	47	159
Total.....	5,498	2,702	8,200	471	231	702

CUBA.

Communicable Diseases—Habana.

Communicable diseases have been notified at Habana as follows:

Disease.	Nov. 1-10, 1919.		Remain- ing under treatment Nov. 10, 1919.
	New cases.	Deaths.	
Chicken pox.....			2
Dengue.....	1		3
Diphtheria.....	1		3
Influenza.....		1	1
Leprosy.....			19
Malaria.....	63	2	170
Measles.....	13		19
Paratyphoid fever.....	1		3
Scarlet fever.....	2		4
Smallpox.....	7		38
Typhoid fever.....	19	5	277

¹ From the interior, 34.

² From the interior, 21.

VIRGIN ISLANDS.

Contagious Diseases—October, 1919.

The occurrence of contagious diseases in the Virgin Islands during the month of October, 1919, has been reported as follows:

	Cases.	Remarks.
In the Islands of St. Thomas and St. John:		
Chancroid.....	8	3 imported.
Gonococcus infection, genito-urinary.....	8	5 imported.
Malaria.....	1	St. John.
Pellagra.....	1	
Syphilis.....	7	
Trachoma.....	1	
Tuberculosis, pulmonary.....	3	1 imported.
Uncinariasis.....	1	Imported.
In the Island of St. Croix:		
Amebic dysentery.....	4	
Chancroid.....	2	
Dengue.....	1	
Filariasis.....	20	
Gonococcus infection, genito-urinary.....	5	
Pellagra.....	1	
Trachoma.....	2	
Tuberculosis, pulmonary.....	4	
Tuberculosis, other.....	1	
Yaws.....	1	

CHOLERA, PLAGUE, SMALLPOX, TYPHUS FEVER, AND YELLOW FEVER.

Reports Received During Week Ended Dec. 5, 1919.¹

CHOLERA.

Place.	Date.	Cases.	Deaths.	Remarks.
China:				
Amoy.....	Sept. 13-Oct. 6.....		75	Present.
Antung.....	Oct. 13-19.....	1	1	
Canton.....	Oct. 5-11.....			
Chosen (Korea):				
Chemulpo.....	Sept. 1-30.....	1	1	
Seoul.....	do.....	1	1	

¹From medical officers of the Public Health Service, American consuls, and other sources.

CHOLERA, PLAGUE, SMALLPOX, TYPHUS FEVER, AND YELLOW FEVER—Continued.

Reports Received During Week Ended Dec. 5, 1919—Continued.

CHOLERA—Continued.

Place.	Date.	Cases.	Deaths.	Remarks.
India:				
Bombay.....	Sept. 26-Oct. 4....	3	2	
Rangoon.....	Oct. 5-11.....	1	1	
Japan:				
Taiwan Island.....	Oct. 1-20.....	616	436	
Philippine Islands:				
Manila.....	Oct. 5-11.....	27	6	
Provinces.....				Oct. 5-11, 1919: Cases, 627; deaths 409.
Albay.....	Oct. 5-11.....	29	19	
Ambos Camarines.....	do.....	28	27	
Batangas.....	do.....	23	22	
Bohol.....	do.....	4	3	
Cagayan.....	do.....	5	4	
Capiz.....	do.....	22	22	
Cavite.....	do.....	14	8	
Cebu.....	do.....	29	18	
Davao.....	do.....	5	1	
Ilocos Norte.....	do.....	79	51	
Ilocos Sur.....	do.....	120	77	
Iloilo.....	do.....	48	32	
Laguna.....	do.....	20	13	
Mindoro.....	do.....	10	5	
Mountain.....	do.....	13	5	
Occidental Negros.....	do.....	66	42	
Pangasinan.....	do.....	8	8	
Rizal.....	do.....	15	5	
Sorsogon.....	do.....	64	34	
Tarlac.....	do.....	14	5	
Tayabas.....	do.....	9	6	
Union.....	do.....	2	2	
Siam:				
Bangkok.....	Aug. 31-Oct. 4....	12	25	
Straits Settlements:				
Singapore.....	Sept. 6-Oct. 4....	50	39	

PLAGUE.

Ceylon:				
Colombo.....	Sept. 28-Oct. 11...	4	3	
India.....				Sept. 28-Oct. 11, 1919: Cases, 3,234; deaths, 1,411.
Bombay.....	Sept. 28-Oct. 11...	3	2	
Madras Presidency.....	Oct. 19-25.....	121	98	
Rangoon.....	Sept. 23-Oct. 11...	14	13	
Siam:				
Bangkok.....	Sept. 23-Oct. 4....		1	

SMALLPOX.

Algeria:				
Algiers.....	Sept. 1-30.....	1		
Canada:				
Manitoba—				
Winnipeg.....	Nov. 2-15.....	2		
Nova Scotia—				
Sydney.....	Oct. 5-11.....	1		
Ontario—				
Hamilton.....	Nov. 16-22.....	1		
Niagara.....	do.....	1		
Peterborough.....	Oct. 26-Nov. 3....	22	9	
Toronto.....	Nov. 9-22.....	452		
Quebec—				
Montreal.....	Nov. 16-22.....	3		
Quebec.....	Nov. 9-15.....	1		
China:				
Amoy.....	Sept. 30-Oct. 6....		2	
Canton.....	Oct. 5-18.....			Present.
Foochow.....	Oct. 5-11.....			Do.
Nanking.....	Aug. 25-Oct. 18...	20		
Finland:				
Helsingfors.....	Aug. 16-Sept. 15...	6		

CHOLERA, PLAGUE, SMALLPOX, TYPHUS FEVER, AND YELLOW FEVER—Continued.

Reports Received During Week Ended Dec. 5, 1919—Continued.

SMALLPOX—Continued.

Place.	Date.	Cases.	Deaths.	Remarks.
India:				
Bombay.....	Sept. 26-Oct. 11...	1	5	
Madras.....	Oct. 19-25.....	6	2	
Rangoon.....	Sept. 28-Oct. 11...	15	11	
Italy:				
Genoa.....	Oct. 13-19.....	5		
Messina.....	Sept. 20-Oct. 10...	3	1	
Java:				
West Java.....	Sept. 19-25.....	80	15	
Batavia.....	.....do.....	2	1	
Malta.....	Sept. 1-30.....	1		
Mexico:				
San Luis Potosi.....	Nov. 9-15.....		2	
Newfoundland:				
St. Johns.....	Oct. 11-Nov. 21...	5		On Pilley's Island, Oct. 11-17. At outports, 3 cases.
Spain:				
Valencia.....	Oct. 12-18.....	4	2	

TYPHUS FEVER.

Chile:				
Antofagasta.....	Oct. 20-26.....	9		
Valparaiso.....	Oct. 12-25.....		18	
Finland:				
Helsingfors.....	Sept. 1-15.....	1		
Japan:				
Nagasaki.....	Oct. 13-19.....	3	1	
Mexico:				
San Luis Potosi.....	Nov. 9-15.....			Present.

YELLOW FEVER.

Brazil:				
Santos.....				Aug. 18-24, 1919: Death, 1.

Reports Received from June 28 to Nov. 28, 1919.

CHOLERA.

Place.	Date.	Cases.	Deaths.	Remarks.
Ceylon:				
Colombo.....	Apr. 20-26.....	10		
Hambantota.....	July 25.....			Outbreak 148 miles from Colombo. Spread to other places.
China:				
Amoy.....	June 17-30.....		25	
Do.....	July 1-Sept. 13.....		643	
Antung.....	Aug. 5-Oct. 12.....	1,154	428	
Canton.....	June 8-21.....	10	3	
Do.....	June 29-Aug. 16.....	10	11	
Do.....	Aug. 31-Sept. 6.....	1	1	Present in foreign section, island Shamien, Aug. 8
Do.....	Sept. 21-27.....	1	1	
Cheloo.....	Aug. 31-Sept. 6.....			Daily average over 50 fatalities.
Foochow.....	July 10-26.....			To July 16: Average of 100 fatalities daily. To July 26: Average of 30 cases daily. Five fatal cases European. July 27-Aug. 9: Epidemic.
Hankow.....	Aug. 31-Sept. 6.....	1		
Hongkong.....	July 13-Sept. 27.....	40	37	
Mukden.....	Sept. 6-13.....			Present.
Peking.....	Aug. 24-30.....		1	Foreign.
Shanghai.....	Aug. 6-31.....	7	1	
Swatow.....	May 25-June 28.....		90	Cholerae disease prevalent from about July 15 with high mortality.
Do.....	June 29-Aug. 30.....		120	
Do.....	Sept. 7-13.....	5		

CHOLERA, PLAGUE, SMALLPOX, TYPHUS FEVER, AND YELLOW FEVER—Continued.

Reports Received from June 28 to Nov. 28, 1919—Continued.

CHOLERA—Continued.

Place.	Date.	Cases.	Deaths.	Remarks.
China—Continued.				
Tientsin.....	Aug. 10-Sept. 20...	245	4	Cases are from reports of physicians from the foreign concessions and native city. Deaths are for the British concession. Present: 30 miles from Swatow. Aug. 26: 6 cases. Keiki Province. In a Korean arrived from Antung, China, where cholera was prevalent. North Heian Province. Present.
Tsinanfu.....	do.....	32	3	
Tsingtao.....	July 6-Sept. 21....	140	83	
Ungkung.....	Aug. 16.....	.....	.....
Chosen (Korea).....	Aug. 15.....	3	.....
Anyo.....	do.....	1	.....
New Wifu.....	Aug. 12.....	1	.....
Seoul.....	Aug. 1-31.....	1	5	
Shingshu.....	do.....	1	.....
South Kankyo.....	Aug. 26.....	.....	.....
Provinces—				
Keiki.....	Sept. 12-Oct. 1....	96	72	City and district.
Kogen.....	do.....	4	3	
Kokai.....	do.....	1,628	892	
North Heian.....	do.....	867	446	
North Kankyo.....	do.....	253	112	
North Keisho.....	do.....	55	24	
North Zenra.....	do.....	184	76	
South Chusel.....	do.....	186	90	
South Heian.....	do.....	851	448	
South Kankyo.....	do.....	239	129	
South Zenra.....	do.....	8	5	
India:				
Bombay.....	Apr. 28-June 28....	84	55	Aug. 10-16, 1919: Cases, 14; deaths, 7.
Do.....	June 29-Sept. 27....	198	123	
Calcutta.....	May 4-June 21.....	.....	617
Do.....	June 29-Sept. 27....	144	Jan. 19-25, 1919: Cases, 113; deaths, 75.
Karachi.....	July 24-30.....	3	2	
Madras.....	May 18-June 28....	29	19	
Do.....	July 12-Oct. 11....	58	35	
Rangoon.....	Apr. 28-June 28....	108	85	
Do.....	June 29-Sept. 27....	80	77	
Indo-China:				
Cochin-China—				
Saigon.....	Apr. 21-June 29....	386	272	City and district.
Do.....	July 28-Sept. 28....	50	45	
Japan:				
Kobe.....	Sept. 21-27.....	1	1	In 1 village. July 2-Aug. 12, 1919: Cases, 398; deaths, 245.
Pescadores Islands.....	July 14.....	40	.....
Taiwan Island.....				Present in vicinity. Present.
Do.....	Aug. 21-30.....	1,712	1,304	
Keelung.....	Aug. 8.....	.....	.....
Taihoku.....	do.....	Sept. 5. 1 case on fishing vessel near Haneda.
Tokyo.....	Aug. 18-24.....	4	.....
Yokohama.....	Sept. 1-7.....	1	Apr. 2-June 20, 1919: Cases, 613; deaths, 507. June 25-July 15, 1919: Cases, 16; deaths, 18.
Java:				
East Java.....				Mar. 28-June 27, 1919: Cases, 2,079; deaths, 1,650. May 2-June 26, 1919: Cases, 100; deaths, 67, July 18-Sept. 11, 1919: Cases, 29; deaths, 17.
Surabaya.....	Apr. 23-June 20....	97	79	
Do.....	June 25-July 15....	15	13	
Do.....	July 30-Aug. 5.....	1	1	
Do.....	Aug. 13-19.....	1	1	Mar. 28-June 27, 1919: Cases, 2,079; deaths, 1,650.
Mid-Java.....	Mar. 28-June 27....	90	85	
West Java.....				May 2-June 26, 1919: Cases, 100; deaths, 67, July 18-Sept. 11, 1919: Cases, 29; deaths, 17.
Batavia.....	May 2-June 5.....	12	5	
Do.....	Aug. 2-28.....	6	.....
Buitenzorg.....	Aug. 15-21.....	1	.....
Tjandjoer.....	do.....	2	2	Present, Aug. 12.
Manchuria:				
Dairen.....	Sept. 9-29.....	192	143	Present and in surrounding country. Aug. 14: Epidemic, with an estimated number of from 150 to 200 deaths.
Harbin.....	Aug. 7.....	.....	.....
Mesopotamia:				
Basra.....	July 20-26.....	1	Present.
Persia:				
Arbedil.....	May 2.....	Outbreak. Do.
Enzell.....	Apr. 23.....	1	.....
Khorram-Ahab.....	May 3.....	.....	.....
Mianedje.....	Apr. 28.....	.....	.....
Zindjan.....	Apr. 21-May 4.....	49	

CHOLERA, PLAGUE, SMALLPOX, TYPHUS FEVER, AND YELLOW FEVER—Continued.

Reports Received from June 28 to Nov. 28, 1919—Continued.

CHOLERA—Continued.

Place.	Date.	Cases.	Deaths.	Remarks.
Philippine Islands:				
Manila.....	Apr. 26-June 28...	11	5	
Do.....	June 29-Aug. 2....	261	133	
Do.....	Aug. 10-Sept. 6....	259	121	
Do.....	Aug. 17-Sept. 20...	290	127	
Provinces.....				May 4-24, 1919: Cases, 567; deaths, 383.
Batangas.....	May 4-24.....	25	23	
Bulacan.....	do.....	48	25	
Cebu.....	do.....	162	84	
Laguna.....	do.....	20	15	
Mindoro.....	do.....	19	14	
Misamis.....	do.....	9	2	
Pampanga.....	do.....	166	131	
Tayabas.....	do.....	118	89	
Provinces.....				June 1-28, 1919: Cases, 615; deaths, 435.
Batangas.....	June 1-28.....	79	61	
Bohol.....	June 15-28.....	11	8	
Bulacan.....	June 1-28.....	63	27	
Cavite.....	June 8-28.....	23	14	
Cebu.....	June 22-28.....	24	11	
Iloos Sur.....	June 15-21.....	1		
Laguna.....	June 8-21.....	16	13	
Nueva Ecija.....	June 1-28.....	60	39	
Pampanga.....	do.....	105	79	
Pangasinan.....	June 8-28.....	113	81	
Tayabas.....	do.....	108	81	
Union.....	June 22-28.....	7	7	
Provinces.....				June 29-Oct. 4, 1919: Cases, 15,774; deaths, 11,402.
Albay.....	Aug. 31-Oct. 4....	101	75	
Ambos Camarines.....	July 27-Oct. 4....	304	115	
Bataan.....	July 6-Sept. 27....	14	12	
Batangas.....	June 29-Oct. 4....	1,106	843	
Bohol.....	do.....	87	68	
Bulacan.....	do.....	500	369	
Cagayan.....	Sept. 21-Oct. 4....	14	12	
Capiz.....	Aug. 24-Oct. 4....	64	37	
Cavite.....	June 29-Oct. 4....	306	205	
Cebu.....	do.....	931	562	
Davao.....	Sept. 7-Oct. 4....	27	19	
Iloos Norte.....	Aug. 10-Oct. 4....	577	422	
Iloos Sur.....	July 20-Oct. 4....	1,181	794	
Iloilo.....	July 6-Oct. 4....	411	305	
Laguna.....	do.....	454	327	
Leyte.....	Aug. 24-30.....	41	18	
Mindoro.....	July 20-Oct. 4....	214	101	
Misamis.....	July 20-Aug. 23....	11	8	
Mountain.....	July 6-Oct. 4....	142	73	
Nueva Ecija.....	June 29-Sept. 27....	561	391	
Occidental Negros.....	July 27-Sept. 20....	165	114	
Oriental Negros.....	July 27-Sept. 27....	174	100	
Pampanga.....	June 27-Sept. 6....	568	461	
Pangasinan.....	June 27-Oct. 4....	6,145	4,502	
Rizal.....	July 13-Oct. 4....	918	572	
Sorsogon.....	July 27-Aug. 16....	35	25	
Tarlac.....	Sept. 11-Oct. 4....	83	60	
Tayabas.....	June 29-Oct. 4....	439	351	
Union.....	July 6-Oct. 4....	1,314	964	
Zambales.....	July 13-Oct. 4....	34	23	
Siam:				
Bangkok.....	Apr. 12-June 28...		697	
Do.....	June 30-Aug. 30...		55	
Straits Settlements:				
Singapore.....	July 14-27.....	80	69	Sept. 30: Present.
Sumatra:				
Medan.....	June 29-Aug. 23...	46	25	Present in neighboring villages, June-July, 1919.
Turkey:				
Constantinople.....	July 28.....			Present.
On vessel:				
Steamship.....	Aug. 17.....	1		At Yokohama, from Shanghai, Aug. 12, 1919.

CHOLERA, PLAGUE, SMALLPOX, TYPHUS FEVER, AND YELLOW FEVER—Continued.

Reports Received from June 28 to Nov. 28, 1919—Continued.

PLAGUE.

Place.	Date.	Cases.	Deaths.	Remarks.
Azores:				
Fayal Island.....	Sept. 6-19.....			Present.....
Terceira Island.....	do.....			Do.
Brazil:				
Ceara.....	Aug. 3-Sept. 13....	84	21	
Pernambuco.....	May 26-June 1.....		1	
British East Africa:				
Kisumu.....	May 18-June 28.....			Present. Zanzibar Island.
Do.....	June 29-July 26....			Do.
Do.....	Aug. 3-6.....			Present in vicinity. Zanzibar Island.
Nairobi.....	June 15-21.....	1		Native inspectors' reports, cases 52; deaths 52; native chiefs' reports, deaths 27.
Do.....	Aug. 17-23.....	5	2	Native inspectors' reports, cases 25; deaths 25; native chiefs' reports, deaths 27.
Ceylon:				
Colombo.....	Aug. 10-Sept. 27..	6	6	
Chile:				
Antofagasta.....	Aug. 18-23.....	3		
China:				
Amoy.....	June 17-23.....		1	
Do.....	Aug. 18-Sept. 13..		1	Present.
Canton.....	May 25-June 28....			Present. Apr. 27-May 10, 1919.
Foochow.....	May 18-24.....			Present. Cases, 3; present May 24-June 7, 1919.
Hongkong.....	June 15-28.....	42	33	
Do.....	June 29-Sept. 3....	36	31	
Ecuador:				
Guayaquil.....	June 16-30.....	2	1	
Posorja.....	June 1-30.....	3	1	Bathing place 65 kilometers from Guayaquil.
Egypt.....				Jan. 1-Aug. 6, 1919: Cases, 740; deaths, 405.
Cities—				
Alexandria.....	July 23-29.....	1		
Do.....	Sept. 3-Oct. 21....	10	2	
Ismailia.....	July 29.....	2		
Cairo.....	May 1.....		1	
Kantarah.....	June 19-20.....	4	2	Two European. Septicemic.
Do.....	July 31-Aug. 3....	2	3	
Port Said.....	May 1-June 28....	9	10	
Do.....	July 2-Aug. 19....	21	17	
Suez.....	June 5-11.....	3	3	
Provinces—				
Assiout.....	May 17-June 24....	80	41	
Do.....	July 3-Aug. 6.....	7	3	
Beni-Souef.....	May 19-June 21....	6	5	
Fayoum.....	May 18-July 5.....	10	7	
Girgeh.....	May 15-July 8.....	32	10	
Menoufia.....	June 8-24.....	5	1	
Minieh.....	June 25-May 24....	29	11	
Do.....	July 5-7.....	3	1	
France:				
Marseilles.....	Aug. 16-Sept. 2....	5	3	Total number of cases reported to Aug. 27, 11; deaths, 3.
Great Britain:				
Liverpool.....	July 30.....	1	1	In dock laborer.
Greece:				
Athens.....	Oct. 20.....	5	3	
Piræus.....	Oct. 23.....	2	1	
Hawaii:				
Ah Poi Camp.....	Aug. 9.....	1	1	
Pāhāhau.....	July 19.....	1		
Kukūlau.....	Sept. 23.....	3	3	
Pāuilo.....	Sept. 25.....	2	1	
India:				
Bombay.....	Apr. 28-June 28....	278	202	Apr. 27-June 28, 1919: Cases, 8,645; deaths, 6,933. June 29-Sept. 27, 1919: Cases, 12,978; deaths, 8,983.
Do.....	June 29-Sept. 27....	64	43	
Calcutta.....	May 18-June 14....		38	
Do.....	June 28-Aug. 2.....		22	
Karachi.....	May 18-June 28....	145	132	
Do.....	June 29-Oct. 11....	65	55	
Madras.....				Jan. 19-25, 1919: Cases, 2; deaths, 4.
Madras Presidency.....	July 6-Aug. 16.....	381	237	Jan. 19-25, 1919: Cases, 586; deaths, 347. May 30-June 5: Cases, 37; deaths, 28.
Do.....	Aug. 1-Oct. 11....	502	318	
Rangoon.....	Apr. 28-June 28....	75	63	
Do.....	July 6-Sept. 27....	258	135	

CHOLERA, PLAGUE, SMALLPOX, TYPHUS FEVER, AND YELLOW FEVER—Continued.

Reports Received from June 28 to Nov. 28, 1919—Continued.

PLAGUE—Continued.

Place.	Date.	Cases.	Deaths.	Remarks.
Indo-China:				
Cochin China—				
Saigon.....	Apr. 21-June 29.....	31	23	City and district.
Do.....	July 28-Sept. 28....	17	11	
Japan:				
Yokohama.....	June 9-15.....	1	1	
Java:				
East Java.....				Apr. 8-June 28, 1919: Cases, 130; deaths, 130. July 23-Sept. 9, 1919: Cases, 53; deaths, 53.
Surabaya.....	Apr. 23-June 3.....	7	7	
July 30-Sept. 9....	10	6		
Temangoeng.....	July 30-Sept. 2.....	43	43	Apr. 26-May 30, 1919: Cases, 23; deaths, 23.
Mid-Java.....				
Samarang.....	Apr. 26-June 27.....	26	26	
Mesopotamia:				
Bagdad.....	Apr. 19-June 20....	346	269	Including suburb of Ashar. Total from date of outbreak, March, 1919, to June 21, 1919, Cases, 336; deaths, 256.
Do.....	July 19-25.....	2	1	
Do.....	Aug. 2-8.....	1		
Basra.....	May 3-10.....	108	89	
Do.....	July 20-Oct. 24....	4	1	
Senegal:				
Dakar.....	Sept. 1-30.....	1	1	Reported present in vicinity.
Siam:				
Bangkok.....	Apr. 27-May 17....	2	2	
Spain:				
Barcelona.....	Sept. 15-Oct. 6....	10		
Straits Settlements:				
Singapore.....	Apr. 13-26.....	2	1	
Do.....	July 14-Aug. 30....	12	7	
Syria:				
Beirut.....	Oct. 11.....	24		Present.
Turkey:				
Constantinople.....	Oct. 9.....			Bubonic and pneumonic.
On vessels:				
S. S. City of Sparta.....	Apr. 19-21.....	1	1	From Bombay, Apr. 3, 1919; Case, a soldier at sea.
Do.....	May 13-17.....	1	1	At Liverpool; Case, a native member of the crew. (Public Health Reports, June 27, 1919, p. 143.)
S. S. Clan Lamont.....	Aug. 19.....	1		In dock in port of London, England. Vessel left Calcutta Mar. 23; arrived Buenos Aires May 6; sailed June 20; arrived Montevideo and sailed June 21; arrived St. Vincent, Cape Verde Islands, July 10.
S. S. Framlington Court.....	July 25.....	1		From Alexandria, May 30; from Montreal, July 4; from Sydney, Nova Scotia, July 9; at Avonmouth, England, July 22, 1919.
S. S. Nankin.....	July 10-17.....	17	7	Arrived at Port Said, Egypt, July 12, 1919. At sea from July 10 to 12, 9 cases; total landed at Port Said, 17. Vessel from London, via Marseille; from Bombay, May 3, 1919.

SMALLPOX.

Algeria:				
Algiers.....	June 1-30.....	1	1	
Do.....	July 1-Aug. 31....	16	5	
Arabia:				
Aden.....	May 13-19.....		1	
Austria:				Mar. 9-Apr. 5, 1919: Cases, 92.
Salzburg.....	Mar. 9-Apr. 5.....	50		
Vienna.....	do.....	17		
Azores:				
St. Michaels.....	June 7-20.....	1		

CHOLERA, PLAGUE, SMALLPOX, TYPHUS FEVER, AND YELLOW FEVER—Continued.

Reports Received from June 28 to Nov. 28, 1919—Continued.

SMALLPOX—Continued.

Place.	Date.	Cases.	Deaths.	Remarks.
Brazil:				
Bahia.....	Apr. 20-June 7.....	4		
Do.....	Aug. 1-Oct. 23.....	1,203	500	Epidemic outbreak.
Para.....	Sept. 21-27.....	1		
Pernambuco.....	May 4-25.....	5		
Rio de Janeiro.....	May 11-June 21.....	61	20	Jan. 1-May 3, 1919: Cases, 10.
Do.....	June 30-Sept. 27.....	457	115	
British East Africa:				
Kisumu.....	Mar. 2-8.....	1	1	
Mombasa.....	Mar. 1-June 7.....	275	37	
Mtebba.....	Mar. 24-Apr. 6.....			Present: In Uganda.
Nairobi.....	Mar. 1-May 31.....	3		
Do.....	Aug. 21-Sept. 13.....	13	2	
Prison Island Quarantine Station.....		1	1	Zanzibar Island. In February, 1919. From vessel from India.
British West Indies:				
Grenada.....	Sept. 27.....			1 case reported from Carriacou.
Canada:				
British Columbia—				
Vancouver.....	June 15-Sept. 11.....	8		
New Brunswick—				
Campbellton.....	June 15-21.....	1		
Do.....	Aug. 1-Oct. 31.....	2		
Moncton.....	July 6-12.....	1		
St. John.....	July 27-Aug. 2.....	1		
Nova Scotia—				
Cities—				
Bridgenorth.....	July 27-Aug. 9.....			A few cases; mild.
Halifax.....	June 29-Sept. 20.....	65		June 15-28, 1919: Cases, 61.
Do.....	Oct. 19-Nov. 1.....	3		
Sydney.....	June 8-21.....	3		
Do.....	Aug. 1-Sept. 6.....	4		
Counties—				
Antigonish.....	June 28-Nov. 8.....			Present.
Colchester.....	Aug. 3-Nov. 1.....			Do.
Cumberland.....	Aug. 30-Oct. 11.....			Do.
Guysborough.....	Aug. 18-30.....			Do.
Do.....	Sept. 21-Nov. 1.....			Do.
Halifax.....	June 28-Nov. 8.....			Do.
Hants.....	do.....			Do.
Kings.....	Aug. 10-Oct. 11.....			Do.
Lunenburg.....	July 13-Aug. 16.....			Present. Also on Cape Breton
Pictou.....	July 20-Oct. 18.....			Island, July 27-Aug. 21.
Richmond.....	Aug. 24-Sept. 20.....			Present.
Shelbourne.....	Aug. 24-30.....			Do.
Victoria.....	Aug. 3-9.....			Do.
Ontario—				
Province.....				May 1-June 30, 1919: Cases, 166; deaths, 4. July 1-31, 1919: Cases, 51; death, 1.
Hamilton.....	June 29-Nov. 15.....	3		Township in Kent County.
Harwich.....	May 1-31.....	14	2	
North Bay.....	Sept. 21-27.....	1		
Ottawa.....	June 15-21.....	2		
Do.....	June 29-Sept. 6.....	3		
Peterborough.....	June 15-21.....	4		
Toronto.....	Aug. 31-Oct. 18.....	3		
Walpole Island.....	May 1-31.....	42		Outbreak in first half of November, 1919: Cases, about 368.
Prince Edward Island—				Kent County, Island in Lake St. Clair. Among Indians.
Charlottetown.....	July 16-Nov. 5.....	9		
Quebec				
Montreal.....	June 8-28.....	18		In Bonaventure and Gaspe
Do.....	Aug. 24-Nov. 1.....	19		Counties, Aug. 1-31, 1919: 2 cases.
Do.....	Oct. 19-25.....	5		
Quebec.....	June 8-28.....	18		June 8-14, 1919: 1 case on incoming vessel.
Do.....	July 5-Nov. 8.....	43		Estimated. On Indian reserve.
Restigouche.....	June 15-July 31.....	40		
Saskatchewan—				
Regina.....	Oct. 26-Nov. 1.....	1		
Ceylon:				
Colombo.....	May 1-31.....	4		June 17-23.
Do.....	July 13-Aug. 23.....	3	3	
China:				
Amoy.....	May 20-June 16.....		13	
Do.....	July 8-21.....			Present.
Do.....	July 29-Sept. 13.....		3	Do.

CHOLERA, PLAGUE, SMALLPOX, TYPHUS FEVER, AND YELLOW FEVER—Continued.

Reports Received from June 28 to Nov. 28, 1919—Continued.

SMALLPOX—Continued.

Place.	Date.	Cases.	Deaths.	Remarks.
China—Continued.				
Canton.....	May 18-June 21....			Present.
Do.....	July 1-Aug. 16....			Do.
Do.....	Aug. 31-Sept. 6....			Do.
Do.....	Sept. 21-27.....			Do.
Chefoo.....	June 8-21.....			Do.
Chungking.....	May 4-June 28....			Do.
Do.....	June 29-Oct. 4....			Do.
Foochow.....	May 18-Oct. 4....			Do.
Hankow.....	Aug. 31-Sept. 6....	3		
Hongkong.....	May 18-June 28....	5	5	Do.
Do.....	Aug. 31-Sept. 13..			Do.
Nanking.....	May 25-June 28....			Do.
Do.....	June 29-Oct. 4....			Do.
Chosen (Korea):				
Cheulampo.....	Apr. 1-June 30....	22	4	
Do.....	July 1-31.....	1	1	
Fusan.....	do.....	336	96	
Do.....	do.....	4		
Seoul.....	Apr. 1-May 31....	3	1	
Do.....	Aug. 1-31.....	1		
Cuba:				
Habana.....	Aug. 2-Oct. 23....	35		First case from S. S. Venezia from Spanish ports; arrived Habana about July 20, 1919.
Czecho-Slovakia:				
Prague.....	May 18-June 21....	11	2	
Denmark:				
Copenhagen.....				Apr. 2-26, 1919: Cases, 11.
Egypt:				
Alexandria.....	May 14-June 21....	233	95	
Do.....	June 25-Oct. 21....	257	132	
Cairo.....	Jan. 2-May 20....	544	124	
Do.....	June 18-Sept. 9....	422	161	
Port Said.....	July 9-Sept. 9....	5		
Finland:				
Provinces—				Apr. 16-June 30, 1919: Cases, 469. July 1-15, 1919: Cases, 44. Aug. 1-31, 1919: Cases, 8.
Abo Och Bjorneborg.....	Apr. 16-June 30....	13		
Kuopio.....	do.....	88		
Do.....	July 1-15.....	1		
Finland.....	Apr. 16-June 30....	17		
St. Michael.....	do.....	73		
Do.....	July 1-15.....	2		
Tavastehus.....	Apr. 16-June 30....	63		
Do.....	July 1-15.....	5		
Vasa.....	Apr. 16-June 14....	12		
Viborg.....	Apr. 16-June 30....	340		
Do.....	July 1-15.....	36		
France:				
Havre.....	May 23-30.....	1		
Marseille.....	May 1-June 30....		5	
Paris.....	May 11-June 28....	17	28	
Do.....	June 20-Sept. 20....	69	15	
Gibraltar.....	June 28-Aug. 16....	1	2	One from Bay.
Great Britain:				
Bradford.....	Sept. 21-27.....	3		
Cardiff.....	June 15-Sept. 20....	10		
Dundee.....	June 1-7.....	1		
Do.....	Aug. 18-23.....	9	6	
Glasgow.....	June 8-21.....	5		
Liverpool.....	June 22-28.....	1		
Do.....	June 20-Sept. 6....	6		
London.....	May 25-June 28....	13		
Do.....	June 29-Aug. 9....	18	2	
Manchester.....	July 27-Sept. 6....	11		
Greece:				
Drama.....	Sept. 29-Oct. 25....			Present.
Saloniki.....	May 15-June 28....		48	
Do.....	June 29-Oct. 5....		73	
India:				
Bombay.....	Apr. 28-June 28....	712	283	
Do.....	July 6-Sept. 20....	99	63	
Calcutta.....	May 4-June 21....		444	
Do.....	June 29-Sept. 27....		176	
Karachi.....	May 4-June 21....	28	17	
Do.....	Sept. 21-Oct. 4....	19	19	

CHOLERA, PLAGUE, SMALLPOX, TYPHUS FEVER, AND YELLOW FEVER—Continued.

Reports Received from June 28 to Nov. 28, 1919—Continued.

SMALLPOX—Continued.

Place.	Date.	Cases.	Deaths.	Remarks.
India—Continued.				
Madras.....	May 18-June 28.....	171	55	Jan. 19-25, 1919: Cases, 29; deaths 25.
Do.....	July 6-Oct. 11.....	393	173	
Do.....	Aug. 18-Sept. 13.....	66	26	
Rangoon.....	Apr. 28-June 28.....	188	92	
Do.....	July 6-Sept. 27.....	94	27	
Indo-China:				
Cochin China—				
Saigon.....	Apr. 21-May 18.....	11	4	City and district.
Do.....	Aug. 11-Sept. 23.....	9	2	
Italy:				
Genoa.....	July 7-Sept. 28.....	20		Province, June 8-21, 1919: Cases, 23; deaths, 3.
Leghorn.....	June 16-20.....	2		
Messina.....	June 1-21.....	13		
Do.....	June 29-Oct. 19.....	631	275	
Milan.....	Mar. 1-June 30.....	50	8	
Do.....	July 1-Aug. 31.....	46	4	
Milazzo.....	June 1-7.....	1	1	
Naples.....	June 2-29.....	103	91	
Do.....	June 30-Aug. 17.....	122	119	
Palermo.....	May 2-June 20.....	39	5	
Do.....	June 28-July 5.....	37	9	
Trieste.....	Sept. 28-Oct. 4.....	1		
Turin.....	May 18-June 29.....	5	1	
Do.....	July 6-Sept. 7.....	8		
Venice.....	May 20-June 1.....	2		
Japan:				
Kobe.....	May 4-Sept. 7.....	173	78	Entire island.
Nagoya.....	June 1-7.....	1	1	
Taiwan Island.....	May 21-Aug. 12.....	20	6	
Tokyo.....	May 1-June 5.....	2		
Yokohama.....	May 26-June 1.....	1		
Java:				
East Java.....				Apr. 9-June 3, 1919: Cases, 2. July 9-Sept. 9, 1919: Cases, 3.
Surabaya.....	May 27-June 3.....	2		
Do.....	July 30-Sept. 2.....	6		
Mid-Java.....	Apr. 26-May 16.....	7		May 2-June 26, 1919: Cases, 615; deaths, 148. June 27-Sept. 11, 1919: Cases, 353; deaths, 78.
West Java.....				
Batavia.....	Apr. 18-June 5.....	4	1	
Do.....	July 25-Sept. 11.....	66	15	
Buitenzorg.....	Aug. 15-21.....	5		
Garoet.....	do.....	41	6	
Meester Cornelis.....	Aug. 15-28.....	11	4	
Pandeglang.....	Aug. 22-28.....	4		
Tasikamalaya.....	Aug. 15-21.....	3	3	
Malta.....	May 1-31.....	1		
Do.....	Aug. 1-Sept. 30.....	5	1	
Manchuria:				
Dairen.....	May 13-June 2.....	3	2	Present.
Mukden.....	July 6-Sept. 13.....			
Mesopotamia:				
Bagdad.....	May 29-30.....	1		
Mexico:				
Cananea.....	Feb. 1-28.....	7		State of Sonora.
Do.....	Apr. 1-30.....	1		
Guadalajara.....	June 1-30.....	1		
Mexico City.....	June 1-28.....	20	1	
Do.....	June 29-Sept. 6.....	4		
Do.....	Sept. 28-Oct. 4.....	2		
Piedras Negras.....	June 22-28.....	2	2	
Salina Cruz.....	Sept. 1-15.....	1		
Do.....	Sept. 17-30.....	2		
San Jeronimo.....	June 17-30.....	5		
San Luis Potosi.....	Sept. 7-13.....		1	
Do.....	Sept. 21-Oct. 25.....		4	
Tehuantepec.....	Sept. 16.....	2		
Vera Cruz.....	July 6-19.....	4		
Do.....	June 29.....	4	9	In State of Oaxaca.
Newfoundland:				
St. Johns.....	Jan. 4-June 27.....	67		Jan. 4-June 27, 1919: Outports 412 cases. June 28-Sept. 5 1919: Cases, 61. Sept. 20-Nov 7, 1919: Cases, 12.
Do.....	June 28-Nov. 14.....	20		
				Present on Pilley's Island. At Shoal Arm, Oct. 24.

CHOLERA, PLAGUE, SMALLPOX, TYPHUS FEVER, AND YELLOW FEVER—Continued.

Reports Received from June 28 to Nov. 28, 1919—Continued.

SMALLPOX—Continued.

Place.	Date.	Cases.	Deaths.	Remarks.
Palestine:				
Jaffa.....	Jan. 30-Feb. 5....	2		
Philippine Islands:				
Manila.....	May 11-17.....	1		
Portugal:				
Lisbon.....	July 26-Oct. 23....	85	23	
Oporto.....	June 1-28.....	25	33	
Do.....	June 29-Oct. 23....	82	30	
Portuguese East Africa:				
Lourenco Marques.....	Apr. 1-May 31....	2	1	
Russia:				
Riga.....	June 1-30.....			
Do.....	July 1-31.....	203		
Siberia:				
Vladivostok.....	June 8-30.....	45		
Do.....	July 1-31.....	12	3	
South Africa:				
Johannesburg.....	Aug. 1-31.....	4	1	
Spain:				
Almeria.....	May 18-June 30....	68	6	
Barcelona.....	May 15-June 19....	3	6	
Do.....	June 26-Oct. 7....		47	
Bilbao.....	May 1-10.....	1		
Do.....	Aug. 1-Sept. 20....	6		
Cadiz.....	Apr. 1-May 31....		5	
Do.....	July 1-31.....		2	
Madrid.....	May 1-31.....	3		
Do.....	Aug. 1-31.....	2		
Malaga.....	Aug. 1-Oct. 31....		2	
Seville.....	do.....		1	
Valencia.....	May 11-June 29....	233	15	
Do.....	July 14-Oct. 25....	105	16	
Vigo.....	Apr. 12.....	2		
Do.....	July 6-Nov. 1....	38	14	
Straits Settlements:				
Singapore.....	Mar. 24-May 17....	6	3	From vessel, Mar. 22, 1919: Present in villages in vicinity.
Do.....	July 8-27.....	5	1	
Sumatra:				
Belawan.....	Aug. 26-Sept. 4....			Present.
Medan.....	June 26-Aug. 17-23	2		June 22-July 12, 1919: Present in surrounding country.
Tunis:				
Tunis.....	June 15-28.....	2	1	
Do.....	June 29-July 5....	3	2	
Union of South Africa:				
Johannesburg.....	May 1-31.....	1		
On vessels:				
S. S. Eastern.....	Apr. 25-26.....	2	1	Death at sea. Second case landed at Woodmans Quarantine Station, Fremantle, Australia, Apr. 29. Vessel from England via Egypt and Colombo.
S. S. Glenaffric.....	Oct. 10.....	1		At Trinidad, West Indies. From Bahia. In person embarked at Bahai.
S. S. Karoo.....	Apr. 19.....	1		Landed at Colombo. Vessel from the United Kingdom via Egypt and Colombo.
S. S. Khyber.....	Apr. 10-May 4....	4		From Liverpool, via Port Said, Suez, and Colombo. One case landed at Port Said Apr. 10; 2 cases at Colombo, Apr. 22; 1 at quarantine, Fremantle, Australia, May 4, 1919.
S. S. Rio Negro.....	Oct. 4.....	1		At Port of Spain, Trinidad, from Bahai. From Montivideo, Aug. 31; Santos, Sept. 8; Rio de Janeiro, Sept. 15. Arrived. Port of Spain, Oct. 4, 1919.
S. S. War Atmour.....		7		En route from Naples to Aden and Colombo. Vessel arrived at Fremantle, Australia, June 22, 1919: Cases landed at Colombo.

CHOLERA, PLAGUE, SMALLPOX, TYPHUS FEVER, AND YELLOW FEVER—Continued.

Reports Received from June 28 to Nov. 28, 1919—Continued.

TYPHUS FEVER.

Place.	Date.	Cases.	Deaths.	Remarks.
Algeria:				
Algiers.....	May 1-June 30.....	82	11	
Do.....	July 1-Aug. 31.....	4		
Austria.....	Mar. 23-Apr. 5.....	9		Mar. 23-Apr. 5, 1919: Cases, 118.
Vienna.....				
Brazil:				
Rio de Janeiro.....	May 4-June 21.....	3		Mar. 30-Apr. 5, 1919: Cases, 2.
Do.....	July 6-Sept. 20.....	9		
China:				
Antung.....	July 6-Aug. 12.....	4		
Changsha.....	May 11-17.....	1	1	
Chosen (Korea):				
Chemulpo.....	Apr. 1-June 30.....	85	10	
Do.....	July 1-31.....	1		
Fusan.....	May 1-June 30.....	5	2	
Do.....	July 1-31.....	1		
Seoul.....	Apr. 1-June 30.....	147	28	
Do.....	July 1-31.....	1		
Colombia:				
Barranquilla.....	July 12-19.....		1	
Czecho-Slovakia:				
Prague.....	May 18-24.....	1		
Egypt:				
Alexandria.....	May 14-June 29.....	474	248	
Do.....	June 28-Oct. 21.....	485	158	
Cairo.....	Jan. 2-Sept. 9.....	4,148	2,296	
Port Said.....	Jan. 9-June 10.....	11	7	
Do.....	July 16-Sept. 9.....	11	5	
Finland.....				Apr. 16-June 30, 1919: Cases, 25.
Provinces—				
Abo Och Bjorneborg.....	May 15.....	1		
Nyland.....	Apr. 16-May 31.....	4		
St. Michael.....	Apr. 16-June 30.....	15		
Viborg.....	Apr. 16-June 11.....	3		
Germany.....	Jan. 12-Feb. 22.....	344		Military.
Do.....	Feb. 22-Mar. 22.....	220		Civil.
Do.....	Mar. 23-Apr. 12.....	333		Civil, military, prisoners of war, deserters.
Do.....	Apr. 13-26.....	62		55 cases among German troops and among prisoners of war.
Do.....	Apr. 27-May 17.....	126		Of these, 90 among Polish workmen and Russians; during same period, 105 cases among German troops and prisoners of war. In addition, Apr. 1-26, 41 cases were notified among Polish workmen and refugees.
Great Britain:				
Glasgow.....	June 8-July 5.....	13	2	
Dublin.....	Aug. 17-30.....	3		June 15-21, 1919: 1 case.
Dundee.....	June 30-July 5.....	3		
Greece:				
Athens.....	July 21-27.....		1	
Soloniki.....	May 15-June 14.....		5	
Do.....	July 6-Aug. 23.....		18	
Hungary.....				Feb. 24-May 9, 1919: Cases, 258.
Budapest.....	Sept. 24-May 9.....	124	6	
Dubreezin.....	do.....	42		
India:				
Rangoon.....	July 1-31.....		21	
Italy.....				Apr. 28-June 8, 1919: Cases, 3,470; Austrian prisoners, 3,321; Italian soldiers, 82; civil population, 67.
Do.....				June 9-15, 1919: Present in 14 Provinces, with 761 cases, viz, Austrian prisoners, 631; Italian soldiers, 23; Roumanian soldiers, 97; civil population, 10.
Do.....				June 16-22, 1919: Present in 12 Provinces, with 127 cases, viz, Austrian prisoners, 102; Italian soldiers, 8; civil population, 12; Roumanian soldiers, 5.

CHOLERA, PLAGUE, SMALLPOX, TYPHUS FEVER, AND YELLOW FEVER—Continued.

Reports Received from June 28 to Nov. 28, 1919—Continued.

TYPHUS FEVER—Continued.

Place.	Date.	Cases.	Deaths.	Remarks.
Italy.....				June 23-29, 1919: Present in 14 Provinces, with 117 cases, viz, Austrian prisoners, 107; Italian soldiers, 3; civil population, 7.
Do.....				July 6-13, 1919: Cases, 14, occurring in 7 Provinces—7 prisoners of war, 5 civilians, 2 Italian soldiers.
Do.....				July 21-27, 1919: Cases, 5, occurring in 4 Provinces—1 Austrian prisoner; 4 civil population.
Do.....				July 28-Aug. 3, 1919: 6 cases in 3 Provinces; civil population.
Do.....				Sept. 8-21, 1919: Cases, 8, occurring in 5 Provinces among the civil population.
Genoa.....	June 25-July 1.....	91		
Naples.....	May 12-June 22.....	50	16	
Do.....	June 30-Aug. 17.....	17	6	
Palermo.....	July 21-27.....	2		
Venice.....	Apr. 27-June 14.....	58	9	
Do.....	June 30-Sept. 14.....	42	6	
Trieste.....	June 6-12.....	1		
Japan:				
Nagasaki.....	June 16-July 1.....	3		
Do.....	July 14-Oct. 12.....	15	7	
Java:				
East Java—				
Passoeroean.....	Aug. 6-12.....	2		
Do.....	Aug. 20-Sept. 2.....	2	1	
Surabaya.....	July 20-Aug. 19.....	5	1	
West Java—				
Bandoeng.....	Aug. 15-21.....	5		
Batavia.....	Aug. 8-14.....	12	2	
Buitenzorg.....	Aug. 22-28.....	3		
Mesopotamia:				
Bagdad.....	Apr. 19-June 6.....	34	22	
Do.....	July 26-Aug. 15.....	3		
Mexico:				
Guadalajara.....	May 1-31.....	1		
Do.....	Sept. 24-30.....	3		
Mexico City.....	May 4-June 28.....	216		
Do.....	June 29-Oct. 4.....	313		
San Luis Potosi.....	July 27-Nov. 8.....			Present and in surrounding country.
Newfoundland:				
St. Johns.....	June 21-27.....	1		From vessel.
Palestine:				
Jaffa.....				Oct. 22-Dec. 22, 1918: Cases, 8; deaths, 3.
Portugal:				
Lisbon.....	June 22-28.....	1		
Do.....	July 26-Aug. 23.....	13	2	
Oporto.....	June 1-15.....	52		
Do.....	June 30-Oct. 11.....	81	42	
Russia:				
Archangel.....	May 15-June 1.....	9	2	
Riga.....	May 1-June 30.....	2,826		
Do.....	July 1-31.....	1,247		
Siberia:				
Vladivostok.....	June 9-30.....	104	9	
Do.....	July 1-31.....	56	13	
Spain:				
Barcelona.....	May 15-21.....		1	
Madrid.....	May 1-31.....		1	
Do.....	Aug. 1-Sept. 30.....	1	3	
Sumatra:				
Medan.....	June 26-Aug. 23.....	35	4	
Switzerland:				
Zurich.....	Sept. 7-20.....	9		
Syria:				
Mersina.....	Feb. 13-19.....			Present.
Smyrna.....	Sept. 20.....			Do.
Tunis:				
Tunis.....	May 24-June 21.....	3	1	
Do.....	July 20-Oct. 25.....	5	4	

CHOLERA, PLAGUE, SMALLPOX, TYPHUS FEVER, AND YELLOW FEVER—Continued.

Reports Received from June 28 to Nov. 28, 1919—Continued.

YELLOW FEVER.

Place.	Date.	Cases.	Deaths.	Remarks.
Brazil:				
Bahia.....	Apr. 12-June 14...	48	15	Jan. 12-May 17, 1919: Cases, 43; deaths, 25. July 29, 1919, reported seriously prevalent in States of Bahia and Pernambuco.
Do.....	July 6-Sept. 6....	25	5	
Pernambuco.....	Sept. 15-21.....	1	1	
Canal Zone.....	Aug. 10-12.....	1	1	Patient at Corinto, Nicaragua, at quarantine from S. S. Salvador.
Ecuador:				
Guayaquil.....	May 1-31.....	1	1	July 31, 1919: At Leon, Nicaragua; Aug. 2, 1919. Embarked Aug. 6 at Corinto.
Naranjito.....	May 1-June 15....	2	1	
Honduras:				
Amapala.....	Aug. 28-Sept. 6....	9	1	
Mexico:				
Merida.....	June 30-Nov. 15...	30	18	Including 4 cases brought from Temax and cases from Muna.
Temax.....	Sept. 14-20.....	4	2	
Nicaragua:				
Chinandega.....	Oct. 16.....			Present.
Leon.....	Sept. 1-Oct. 16....			Present, and in vicinity.
Do.....	Sept. 5.....			Present.
Managua.....	Oct. 16.....			Do.
Peru:				
Department of Piura—				
Paíta.....	July 10-22.....	8	5	June 1-Aug. 12, 1912: Cases, 10; deaths, 6.
Piura.....	do.....	46	10	June 1-Aug. 12, 1919: Cases, 90; deaths, 20.
Salvador:				
La Union.....	July 6.....	2		75 miles from city of San Salvador.
St. Miguel.....	June 24-July 6....	4		
San Salvador.....	do.....	1	1	